

PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your child is eligible to participate in a parish-sponsored activity. This activity will take place under the guidance and supervision of employees from Portland St Patrick Parish. A brief description of the activity follows:

Name of Event: Fan The Flame – High School CoEd Retreat

Destination: Portland St Patrick School

Designated Supervisor of Activity: Merry Hass, Richelle Vallier, George Rutherford

Date and Time : Thursday , January 3rd at 6:30 pm until Friday ,January 4th at 10:00 pm

Method of Transportation: on own

Cost: \$20 (make checks payable to St Patrick Parish) RSVP ONLINE REQUIRED and appreciated by Dec. 20:

<https://goo.gl/forms/mUgnfE5EMQ5LKJAn2>

If you would like your child to participate in this event, please complete, sign, and return this form to George Rutherford or the Parish Office

Statement of Consent

I hereby consent to participation by my child, _____, in the event described above. I understand that the event will take place away from the school/parish grounds. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this event, I agree to waive and release, and indemnify and hold harmless St Patrick Parish/School, any and all affiliated organizations, its/their employees, agents, representatives, volunteers and drivers, from any and all claims I or my child may have, excluding claims for intentional misconduct or gross negligence, arising from or relating to my child's participation in this event.

I authorize St Patrick Parish/School to obtain necessary medical treatment for my child in case of illness, injury or accident after an attempt is made to reach me.

During this event, I can be reached at (_____) _____

I certify that I am the (check one) _____ custodial parent _____ legal guardian of the minor child named above and I agree to the above terms for myself and for my minor child.

(Print Parent's Name) (Parent's Signature) (Date)

MEDIA RELATIONS/PROMOTIONS RELEASE

NAME: _____

IF PERSON BEING USED IN THE MATERIAL IS UNDER 18 YEARS OF AGE, PARENT OR LEGAL GUARDIAN MUST SIGN THIS FORM.

I/we give my/our permission to Portland St Patrick Church and all entities, representatives, employees, and agents operating under its authority to use, without prior notice, my name or my minor child's name, city and state, and/or audio, video(s), photo(s), and/or any other likeness and to use statements made by or attributed to me or my child relating to St Patrick, without compensation, for web, social media, publicity or similar promotions. I waive my right to inspect or approve such publications, including any written copy that may be created in connection therewith. *I/we agree that my/our signature(s) below releases any and all claims against St Patrick Church, or its associated entities related to or arising out of the use of the stated items as media relations/promotional material(s).*

Yes, I grant permission for release

No, I do not grant permission for release

Signature of Parent or Individual (if 18 or older): _____ Date : _____