

CATHOLIC DIOCESE OF SAGINAW
PARENT PERMISSION FORM FOR CATHOLIC SCHOOLS, PARISH RELIGIOUS
EDUCATION AND YOUTH MINISTRY PROGRAMS

Dear parent or legal guardian,

Your son/daughter is eligible to participate in a school/parish sponsored activity requiring transportation to a location away from the school/parish premises. Parents/guardians are responsible for transportation to and from events for those children in their care unless otherwise stated (i.e. use of a bus provided by the sponsoring agency). A parent can designate another adult, 21 or older, to transport his or her child. This activity will take place under the guidance and supervision of employees/volunteers from _____ Parish and/or the Diocese of Saginaw.

Name of Event: _____

Destination: _____

Designated Supervisor of Activity: _____

Date and Time of Departure: _____

Method of Transportation: _____

Participant Cost: _____

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

STATEMENT OF CONSENT

I hereby consent to participation by my child _____, in the event described above. I understand that this event will take place away from the school/parish grounds and that my child will be under the supervision of the designated school/parish employee/volunteer on the stated dates. 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 field trip, I agree to indemnify and hold harmless and defend _____ School/Parish, any and all affiliated organizations, their employees, agents, and representatives, including volunteer and other drivers, from any and all claims, including negligence, arising from or relating to my child's participation in this field trip. This indemnification and hold harmless and defense agreement does not apply to claims for intentional misconduct.

(Print parent's name)

(Parent's signature)

(Date)

Please return this form by: _____ to _____
(Date) (Person)

(July, 2022)