

Parent Permission Form For The 2018 Fortify Youth Conference

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a parish-sponsored. This activity will take place under the guidance and supervision of employees from St. Joseph and SS. John and Bernard Parish.

Name of the Event: Fortify Youth Conference

Destination: St. John the Evangelist Church, St. John Indiana

Designated Supervisor of Activity: Chad Roden

Date and Time of Departure: November 3, 2018 from 7:00 AM – 8:00 PM

Cost: \$35 per Student

If you would like your child to participate in these events, 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 my child will be under the supervision of the designated parishes' employee during the Fortify Youth Conference. 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 these events, I hereby agree on behalf of myself and my child to release St. Joseph and SS. John and Bernard Parishes, the Roman Catholic Diocese of Kalamazoo, and any affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the events. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in these events. This release or indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

With my signature I also hereby grant permission to St. Joseph and Sts. John and Bernard Parishes to publish my child's name, photo or video image in connection with a feature story, or other publication as deemed appropriate by the parishes.

(Print Parent Name)

(Parent's Signature)

(Date)

Please return this **ENTIRE** form and your payment to the Parish Offices by November 12th .

Please list any allergies or special instructions related to your child here:
