ST. ANASTASIA CATHOLIC CHURCH

PARENT PERMISSION FORM FOR OFF-SITE PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a religious formation and/or social sponsored activity requiring transportation to a location away from parish facilities. This activity will take place under the guidance and the supervision of staff from **St. Anastasia Parish.** A brief description of the activity follows:

Name of Event: NeedToBreathe Concert

Destination: ROYAL OAK MUSIC THEATRE 318 WEST 4TH ST. ROYAL OAK MI 48067

Designated Administrator of Activity Elizabeth Convery [office: 248-689-8380 x106 or cell: 248-840-7671]

Date & Time of Departure: Tuesday March 27, 2012 @6:45pm from St. Anastasia (be here 15 minutes early)

Date & Time of Return: Tuesday March 27, 2012 between 11:00pm and 11:30 to St. Anastasia (depending on concert length)

Method of Transportation: Carpooling

Cost: $22

If you would like your son/daughter to participate in this event, please complete, sign and return the bottom half of this statement of consent along with $22 to the Parish Offices on or before **Sunday February 5th 2012.** As parent or legal guardian, you remain fully responsible for the actions and conduct of your teen.

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NeedToBreathe

STATEMENT OF CONSENT

I hereby consent to participation by my teen, _____ in the event described above scheduled for **Tuesday, March 27th**. I understand that this event will take place away from the parish grounds and that my teen will be under the supervision of the designated parish employee 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 event, I agree to indemnify and hold harmless **St. Anastasia Parish,** the **Roman Catholic Archdiocese of Detroit** and any 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. 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 the field trip. 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.

I authorize St. Anastasia Parish to obtain necessary medical treatment for my teen in case of illness, injury or accident. My teen has the following medical conditions or allergies (medicinal or food) about which a health care provider should be told _____

Phone Number/s where you can be reached during this event (____) _____

Or (____) _____

TEEN'S GRADE _____

_____

Print Parent/Legal Guardian's Name

_____

Signature of Parent/Legal Guardian

_____

Date

RETURN THE PERMISSION SLIP and $22 to Elizabeth Convery ON or BEFORE – Sunday, February 5th