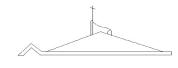
PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION Year 2 Confirmation Exploring Your Faith Together



Dear Parent or Legal Guardian:

Email Address

St. Daniel Catholic Church

Your child is eligible to participate in a catechetical or youth ministry sponsored activity requiring transportation to a location away from the parish premises. This activity will take place under the guidance and supervision of volunteers from St. Daniel Parish. A brief description of the activity follows:

description of the activity follows:	canto praco unace uno guiamino ante	
Name of Event:	Year 2 Confirmation Expl	oring Your Faith Together
Destination:	Solanus Casey Center, Det	roit
Designated Supervisor of Activit	ty: Marianne Boesch	
Date and Time of Departure:	Saturday, March 9, 2024 o	or Saturday, March 16, 2024
Method of Transportation:	School bus	
Student Cost:	\$0	
Sign, and return the bottom half of this st legal guardian, you remain fully responsi		wility to the parish by February 1, 2024. As parent or ur child.
	STATEMENT OF CON	NSENT
Event: Yo	ear 2 Confirmation Exploring	Your Faith Together
grounds and that my child will be und consent to the conditions stated above. In consideration of my child being all release St. Daniel Parish, the Roman agents, representatives, including volunegligence, which may be asserted by participation in the field trip. In the eunenforceable, I hereby agree to indewhich may be asserted by me or my of the field trip. This release of indemnity	der the supervision of the designate on participation in this event, included to participate in this event, a compart of the designate of the designation of the designate of the designation of the designate of the designation of the designat	hereby agree on behalf of myself and my child, to my and all affiliated organizations, their employees, sees"), from any and all claims, including my child, arising from or relating to my child's elf and/or my child is held to be invalid or s from any and all claims, including negligence sing from or relating to my child's participation in for intentional misconduct or gross negligence; nor insurance coverage for any claim, but this Release or tible applicable to any claim.
_	(Print Parent's Name)	
	(Parent's Signature)	(Date)
Address	City	Zip

Phone