

JANUARY 23, 2021



Net Ministries Retreat ~ "With Great Power"
WHERE: Holy Family Parish –
2827 Lakeview Ave.
WHEN: Saturday, January 23, 2021
Event: 10am – 6pm

*Payment should be made out to Catholic Youth Ministry
Return this form no later than Monday, Jan. 18th*

FIELD TRIP

Participant's Name: _____ Grade: _____
Date of Birth: _____ Sex: _____
Parent/Guardian's name: _____
Email address: _____
Home address: _____
Home phone: _____ Emergency Phone: _____
I, _____ grant permission for my child, _____

Parent or guardian's name

Child's Name

to participate in this parish/school event that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from

Name of Parish/School

A brief description of the activity follows:

Type of Event: Net Ministries Retreat
Date of Event: January 23, 2021
Destination of Event: Holy Family Parish
Individual in charge: Sarah Nelson
Estimated time of departure and return: 10:00 am – 6:00pm
Mode of transportation to and from event: Either by hte participant or the parent/guardian

As a parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above name minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, top hold harmless and defend _____, its officers, directors, employees and agents, and the

Name of Parish/School

Arch/diocese of Pueblo, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and the Arch/diocese of Pueblo, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school of the Arch/diocese of Pueblo.

Signature: _____ Date: _____

OVER

PHOTOGRAPH AND VIDEO CONSENT FORM

From time to time, pictures and video may be taken of youth ministry events and gatherings. We would like to be able to use these photographs and videos for flyers, parish and diocesan publications, and the ministry website. Written consent of both the student and parent/guardian is required. Names will not be posted unless written authorization is given by the student and parent/guardian, and then only first names will be used. If there are concerns about pictures or videos posted on the website, please contact the ministry coordinator or webmaster, and they will promptly be removed.

I/We, the parent(s)/guardian(s) of this youth (name) _____,
authorize and give full consent, without limitation or reservation, to (parish/school)
_____, to publish any photograph or video in which
the above named student appears while participating in any program associated with
(parish/school) _____ ministry. There will be
compensation for use of any photograph or video at the time of publication or in the future.

SIGN HERE FOR CONSENT

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

I DO NOT consent to have my child listed above to be photographed or used in
media opportunities at _____.
(Name of Parish or School)