

PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school sponsored activity requiring Transportation to a location away from the church premises. This activity will take place under the guidance and supervision of an employee/volunteer from St. Frances Cabrini Parish/School.

Name of Event: Escape the Post [15005 Telegraph Rd, Flat Rock, MI 48134](#)

Designated Supervisor of Activity: Maria Wyatt 248-867-8109/734-283-1929

Date and Time: Sunday, February 2, 2020 from 10am -3:30pm (Meet at Church for 10am mass!)
Lunch at Wendy's then to the Escape Room!

Cost: \$20 plus money for lunch!

You must RSVP to Maria Wyatt at 734-283-1929 by Friday, January 31,2020
Permission slip and Waiver from the Escape the Post website must be completed.

*****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 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 hereby agree on behalf of myself and my child, to release St. Frances Cabrini Parish/School, the Roman Catholic Archdiocese of Detroit, and any and all 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 on my child, arising from or relating to my child's participation in the field trip. 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 of 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.

(Print Parent's Name) (phone number)

(Cell Number) (E-Mail Address)

(Parent's Signature) (Date)

Another person to contact in case of emergency :

Name: _____ Phone: _____