

YOUTH MINISTRY EVENT PARTICIPATION PERMISSION AND RELEASE

EVENT INFORMATION

Class/Grade Level: 8th-12th Event Description: Overnight Winter Retreat at YMCA Camp Eberhart

Purpose of Event: Retreat

Date/Approx. Time of Departure: 4:30PM, Friday 12/9/22

Date/Approx. Time of Return: 1:30PM, Sunday 12/11/22 Mode of Transport: school bus

Overnight Accommodations (If applicable): YMCA Camp Eberhart, 10481 Camp Eberhart Rd, Three Rivers, MI 49093

Additional Information: _____

(Please detach and return portion below to the parish youth ministry director):

PARENT/GUARDIAN PERMISSION AND RELEASE*:

Parent/Guardian Name: _____

Address: _____

Telephone: _____ Email: _____

Participant Name: _____ Participant Age: _____ Participant Grade: _____

If you would like your child to participate in this event, please fill in the blanks, date, and sign:

I allow my child to participate in the parish event trip to _____ (fill in Destination)
on _____ (fill in Date).

In consideration of the aforementioned participant, my child, being allowed to participate in this event, I, on behalf of myself, my child and my child's other parent/guardian, hereby acknowledge recognition that such an activity may expose my child to risks and hazard not ordinarily encountered in the parish youth ministry program. Further, on behalf of myself, my child, and my child's other parent/guardian, I hereby release and agree to hold harmless the above named parish and the Diocese of Fort Wayne-South Bend, Inc. to the fullest extent permitted by law from any and all claims, judgments and liability of every kind for any injury and damage of any kind, whether personal or property, that we or any one of us may suffer or incur due to my child's participation in the event, regardless of whether the injury or damage is attributable to the fault of parties other than the Parish or Diocese or attributable to the fault, including negligence, of the Parish or Diocese.

I have instructed my child to follow the rules of conduct as directed by the parish youth ministry program and Diocese.

Date Parent/Guardian Signature Parent/Guardian Printed Name

*A new Event Participation form must be completed for **each** Event. Information provided in the Annual Emergency Medical Care Form will apply to each Event in which your child is allowed to participate during the Youth Ministry Program year. Parents/guardians are responsible for updating the information on that form should changes occur during the Youth Ministry Program year.