

YOUTH MINISTRY EVENT PARTICIPATION PERMISSION AND RELEASE

EVENT INFORMATION

Class/Grade Level: 7th, 8th and High School Event Description: Leaf Raking and Yard Work

Purpose of Event: Serve those in need.

Date/Approx. Time of Departure: 6:00 pm on 11/21/2021

Date/Approx. Time of Return: 8:00 pm on 11/21/2021

Mode of Transport: cars driven by chaperones.

Overnight Accommodations (If applicable): N/A

Additional Information: Please bring rakes/leaf blowers and dress appropriately.

- Check this box if also participating in the fundraiser leaf raking at Chris Schillings (3-5). Meet at church at 2:30, we will eat dinner at church at 5:30.

(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 Columbia City, IN on November 21, 2021.

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
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*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.