

Santa Maria del Mar Catholic Church

YOUTH MISSION TRIP PERMISSION SLIP

Parent Permission and Release of Liability

915 North Central Avenue, Flagler Beach, FL 32136
Office Tel: 386.439.2791 — Office Fax: 386.439.1362

NAME OF CHILD: _____

NAME OF PARENT/GUARDIAN: _____

EVENT INFORMATION

EVENT DESCRIPTION: Rise Up Bus Trip and Confirmation Overnight Retreat at SMdM

DATE: Nov. 19, 2016 DEPARTURE TIME: 3:00 pm - 10:30pm (Bus) RETURN TIME: 6 pm Sunday (Retreat)

DEPARTING FROM: Santa Maria del Mar EVENT LOCATION: Jacksonville

EVENT COST: \$20.00 Bus \$40.00 (w/Retreat) METHOD OF TRANSPORTATION: Bus

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name: _____ Relationship: _____

Day Phone: _____ Evening Phone: _____

The undersigned parent, guardian or legal representative hereby consents to the participation of the above-noted child in the event described and further consents to the conditions stated above on participating in this event, including the method of transportation. It is understood that this event will take place away from the parish grounds and that the child will be under the supervision of a designated parish employee(s)/volunteers on the stated dates.

For and in consideration of the child being allowed to participate in this event, and other valuable consideration, the undersigned parent, guardian or legal representative, on behalf of the child and the child's parents, personal representatives, assigns, heirs, and next of kin, does hereby release and hold harmless the Diocese of St. Augustine, Felipe J. Estévez as Bishop of the Diocese of St. Augustine, a corporation sole, Bishop Felipe J. Estévez, individually, the above-noted parish, and employees and agents of said parties engaged in this particular event, their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property, of the child, or death, caused by negligence or otherwise, while the child is engaged in the above-stated event or in transportation to and from said event. The undersigned expressly agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned parent, guardian, legal representative further acknowledges that he/she is authorized to enter this Agreement on behalf of the child, and the child's parents, personal representatives, assigns, heirs, and next of kin.

(Parent / Guardian / Representative **Signature**)

(Parent / Guardian / Representative / **Name**)

(Date)

(Home Phone)

(Work Phone)

(Cell Phone)

(Witness Signature)

Kimberly Cazzaniga
(Witness Name)

November 19, 2016
(Date)

(Witness Signature)

Mary Reynolds
(Witness Name)

November 19, 2016
(Date)