

Holy Spirit Church
318 Newark-Pompton Turnpike
Pequannock, NJ 07440
info@holyspirtchurchnj.org
973-696-1234

FIELD TRIP PERMISSION FORM AND RELEASE

Your son/daughter is eligible to participate in a Parish sponsored activity requiring transportation to a location away from the Parish property. This activity will take place under the guidance and supervision of chaperones from the Parish. A brief description of the activity follows:

Name of Event: NJ Catholic Youth Rally
Destination: Great Adventure. New Jersey
Designated Supervisor of Activity: Mrs. Meredith Mascitello/parent chaperones
Date and Time of Departure: Sunday. May 20, 2018 leaving @ approximately 7:30am
Date and Anticipated Time of Return: Sunday, May 20, 2018 approximately 9:30pm
Method of Transportation: Bus
Youth/Parent Cost: \$50.00

If you would like your child to participate in the event, please complete, sign and return the following statement of consent and release of liability.

As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named child.

I hereby consent to participation by my child, _____, in the event described above. I understand that this event will take place away from the church grounds and that my child will be under the supervision of the designated chaperones on the stated dates.

I further consent to the conditions stated above for participation in the event, including the method of transportation. In consideration of the agreement of Holy Spirit Church to allow my child to participate in the above described outing, and intending to be legally bound hereby, I agree to indemnify and hold harmless Holy Spirit Church, the Roman Catholic Diocese of Paterson, Most Reverend Arthur Serratelli, St. Paul's Inside the Walls, their employees, agents, successors, assigns and legal representatives, against any loss from any and all claims, demands and actions at law or in equity that may hereafter at any time be brought by my child, or anyone acting on her or his behalf, for the purpose of enforcing a claim for damages because of any injury to my child or any cause of action of any kind or nature as a result of, or in any way related to his/her participation in the above mentioned outing, or his or her transit thereto.

I/we agree that in case of injury to my/our child, I will apply our hospitalization and/or accident insurance toward the payment of the expenses incurred and will not look to Holy Spirit Church, or the Roman Catholic Diocese of Paterson, Bishop Serratelli, St. Paul's inside the Walls, or any of their officers, employees, agents, successors or assigns for the payment of any medical costs or injury related costs or injury related costs.

In Witness Whereof, I/we execute this Hold Harmless and Indemnification Agreement this

_____ day of _____, 2018 email _____

Parent/Guardian Name (please print)

Parent/Guardian Signature

Emergency Phone # for the above date _____