PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

transportation to a location away from the school premises. This activity will take place under the guidance and supervision of employees from Monroe Catholic Elementary School and/or Parish.
Name of Event: CAMP STORER TRIP
Destination:CAMP STORER
Designated Supervisor of Activity: MARY PETERS, DUSTIN PAUK, CAMP STAFF + COUNSELORS
Date and Time of Departure: MAY 5 TH 9:00 a.m
Method of Transportation: SMCC BUSES
Student Cost: # 225 - 00
If you would like your child to participate in this 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 the actions and conduct of your child.

I hereby consent to participation by my child,
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 MCES School and/or Parish, the Roman Catholic (Arch)diocese of Detroit , and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releases"), 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. 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 of indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or 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)
(1 Tille 1 diotile 1 dailie)
(Parent's Signature) (Date)

(Date)

(Person)

Please return this entire form by: