Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school/parish-sponsored activity requiring transportation to a location away from parish facilities. This activity will take place under the guidance and the supervision of staff from St. Anastasia Parish. A brief description of the activity follows:

Name of Event: St. Anastasia Confirmation Retreat

Destination: Walled Lake Outdoor Ed Center [3577 Sleeth Court Commerce Twp, MI 48382]

Designated Supervisor of Activity: Andy Cipolla [734-716-3754]

DATE & TIME: There are two options for the retreat – please mark your choice below & on your calendar

Method of Transportation: BUS

If you would like your son/daughter to participate in this event, please complete, sign and return the bottom half of this statement of consent and release of liability along with $8 for a t-shirt to the Parish Offices on/before Sunday, January 12, 2020. As parent or legal guardian, you remain fully responsible for the actions and conduct of your teen.

IF YOUR CHILD CANNOT ATTEND, PLEASE CONTACT ANDY TODAY — acipolla@stanastasia.org

Please note, there is an additional cost for T-shirts!

Return this form – along with Medical Release and Release for Dispensing Medication (if needed)

Confirmation Retreat

STATEMENT OF CONSENT

I hereby consent to participation by my teen, ________________________________ in the event described above scheduled for Feb. 7-8, 2020 or Feb. 8-9, 2020. I understand that this event will take place away from the parish grounds and that my teen will be under the supervision of the designated parish employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this event, I agree on behalf of myself and my child, to release St. Anastasia Parish, the Roman Catholic Archdiocese of Detroit and any and all affiliated organizations, their employees, agents, representatives, including volunteer drivers, (collectively “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 this event. 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 or 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.

A medical release form MUST be turned in prior to your teen participating in this event.

Phone Number(s) where you can be reached during this event

Print Parent/Legal Guardian’s Name ___________________________ Signature of Parent/Legal Guardian ___________________________ DATE __________

t-shirt size (please circle): S  M  L  XL  XXL (adult sizes) – $8 each

RETREAT OPTIONS: There are limited spots available for each retreat – it is first come first served.

____ Friday, Feb. 7 at 3:45p thru Saturday, Feb 8, 2020 at 3:45p

____ Saturday, Feb. 8 at 3:45p thru Sunday, Feb 9, 2020 at 3:45p

RETURN THIS FORM (and $8) TO the Religious Education Office or your catechist ON OR BEFORE Sunday, January 12, 2020