

FIELD TRIP PERMISSION FORM

Participant's name:	
Birth date:	Gender:
Parent/Guardian's name:	
Home address:	
Home phone:	Business phone:
to participate in this parish youth min the parish site. This activity will take	nistry event that requires transportation to a location away from place under the guidance and direction of parish employees Parish (the "Parish").
-	is follows.
7.1	
	and return:
	d from event:
child. I agree on behalf of myself, m and defend the Diocese, the Parish, a arising from or in connection with m injury or cost of medical treatment in Parish and/or the Diocese of Salt La connection therewith. Furthermore	main legally responsible for any personal actions taken by my y child, and our heirs, successors, and assigns, to hold harmless and their employees, agents, representatives and volunteers, by child attending the event or in connection with any illness or a connection therewith. Additionally, I agree to compensate the ke City for reasonable attorney's fees and expenses arising in the information contained in the "Consent to Participate is current as of the date of my execution of this form.
Printed Name of Parent/Guardian:	
Signature:	Date: