

**PARENTAL CONSENT FORM**  
***St. Christopher's Catholic Church – Youth Ministry***

Name of Event: GROW Vicariate Event for Grades 7-12

Destination: St. Augustine Parish in Richmond, MI

Date & Time of Departure: Sunday, April 14 @ 3:30pm carpool  
from St. Christopher Cost: No charge

Participant Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Parental Consent Authorization**

As parent/guardian, you remain fully responsible for any legal responsibility, which may result from any personal actions taken by the named participant(s). As well, your son/daughter(s) is/are expected to abide by the dress code and behavior expectations set forth by the administrators of St. Christopher youth ministry. In the event that is not done a parent will be called to pick up their son/daughter(s) at the activity site.

I give my son/daughter (named above) permission to ride to and from the events listed on reverse side with St. Christopher's Church drivers for the specified event on the date(s) given. I understand that he/she will be traveling by automobile/bus. In consideration of my teen being allowed to participate in this trip, I hereby agree on behalf of myself and my teen, to release St. Christopher, the Archdiocese of Detroit, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me or my teen, or on behalf of my teen, arising from or relating to my teen's participation in the field trip. In the event this release on behalf of myself and/or my teen 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 teen, or on behalf of my teen, arising from or relating to my teen's participation in this 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.

**Medical Treatment Authorization**

As parent/guardian, I do hereby authorize the treatment by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authorization is granted only after a reasonable effort has been made to reach me.

**PRINT Parent/Legal Guardian:** \_\_\_\_\_

**SIGNATURE Parent/Legal Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Best Contact Number:** \_\_\_\_\_

**Emergency Contact (NOT A PARENT)**

Emergency NAME \_\_\_\_\_

Emergency PHONE NUMBER \_\_\_\_\_