

# **National March for Life in Washington D.C, January 2022 Travel with Sanilac County Right to Life**

QUEST will be traveling with other local youth groups on the Sanilac County Right to Life bus trip **January 20-22, 2022**. This peaceful event celebrates the dignity of human life at all ages and stages.

The trip is a two-night stay in Washington, D.C. We depart around 6:30am (morning) Thursday, January 20, 2022 from Our Lady of Mt. Carmel in Emmett and arrive at our hotel Thursday evening. We will have two (2) 45-minute stops where individuals can buy their own food and stretch legs. We will stay at a hotel near D.C. area. Individuals are responsible for their own food throughout the trip.

All rooms have two double beds, a microwave, small refrigerator, and coffeemaker. Breakfast is not provided by the hotel.

Friday, January 21, we will walk from our hotel to the March. We will then have time to sight see by foot and participants may bring bag lunch or money to purchase food before returning to the hotel.

Saturday, January 22, the bus will depart the D.C. area in the morning for the return trip to Michigan, driving through the day and returning to the Our Lady of Mt. Carmel in Emmett in the evening. Similar to drive to D.C., there will be two (2) 45-minute stops on the way back to Michigan.

***Parents (chaperones) and teens are invited to attend.*** Teens will room with teens and adults will room with adults. **Cost per person is \$225** - any remaining cost will be subsidized by St. Christopher. This is an amazing experience for a minimal price. If for some reason, you cannot attend after signing up, you are responsible for finding a replacement for yourself or pay for the trip in full.

If you have an interest in going, but may need financial assistance, please let Suzy know. We want everyone God is calling to be there. Questions? Please contact Suzy in the Timothy Office [1000michiganave@gmail.com](mailto:1000michiganave@gmail.com) or 810-364-4100 ext 204

**Please make checks payable to St. Christopher**

**REGISTRATION, PERMISSION SLIP & \$100 Deposit DUE TO SUZY BY DECEMBER 12**

DUE DECEMBER 12 TO SUZY

## Right to Life of Sanilac County

### March for Life 2022 Bus Trip Registration Form

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Please indicate rooming preferences below:

**Registration Type: (Quad) 4 in a room(\$195 per person)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**(Triple) 3 in a room(\$225per person)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**(Double) 2 in a room  
(\$275 per person)**

1. \_\_\_\_\_

2. \_\_\_\_\_

**Single (\$425 per person)1.** \_\_\_\_\_

*If you are willing to share a room we will try to match you with a roommate, if unable to do so you may be responsible for a higher rate.*

Please enclose payment with registration. Release of liability form below must be signed.

Please make checks payable to St. Christopher Catholic Church

Return completed form to Suzy DeVeny by December 12

Questions? call (810) 364-4100 ext 204

Accident Waiver and Release of Liability

Bus trip to March for Life in Washington, D.C., January 20-22 2022.

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, and waive, release and discharge Right to Life of Sanilac County, and their directors, board members, officers, employees, volunteers, agents, representatives or assigns and the activity or event sponsors, from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons release, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may occur to me as a result of participation in the above named activity. I agree to indemnify, hold harmless, and promise not to sue the entities or persons mentioned above from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of those released or otherwise. This accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

**I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT ON MY OWN FREE WILL.**

\_\_\_\_\_  
Print Participant's Name

\_\_\_\_\_  
Participant's Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature (If participant is under 18 years old. Minor waiver on back of form must also be completed for minors.)

PARENT/GUARDIAN WAIVER FOR MINORS (Under 18 years old) The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon those parties because of any defect in or lack of such capacity to so act and release those parties on behalf of the minor and the parents or legal guardian.

\_\_\_\_\_

Print Participant's Name

\_\_\_\_\_

Age

\_\_\_\_\_

Date

\_\_\_\_\_

Responsible Party (if other than parent)

\_\_\_\_\_

Signature of Parent or Guardian

# PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a catechetical or youth ministry sponsored activity requiring transportation to a location away from parish facilities. This activity will take place under the guidance and supervision of staff from St. Christopher Parish.

Name of Event: MARCH FOR LIFE WASHINGTON DC

Destination: WASHINGTON DC Telephone #: (810) 434-3454

Designated Administrator of Activity: Suzy DeVeny

Date & Time of Departure: 1/23/20 @ 6:00 am Date & Time of Return: 1/25/20 @ 8:00pm

Method of Transportation: BUS Student Cost: \$150

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 any legal responsibility which may result from any personal actions taken by the named student.

Any specific medical needs that the administrator should be aware of? Yes  No   
If yes, please explain:

I hereby consent to participation by my child, \_\_\_\_\_, in the event described above. I understand that this event will take place away from the parish facilities and that my child will be under the supervision of the designated staff person on the stated dates. I further consent to the conditions stated above regarding participation in this event, including the method of transportation. In consideration of my child being allowed to participate in this event, I covenant not to sue or bring any cause of action against \_\_\_\_\_ Parish, Catholic Youth Organization, the Archdiocese of Detroit, any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers, from any claims, demands or causes of action of whatever kind and nature arising from or relating to my child's participation in this event.

I hereby authorize the use of the image of my child and release and discharge the Catholic Youth Organization of the Archdiocese of Detroit and the Archdiocese of Detroit from all and any claims and demands ensuing from or in connection with the use of the photographs, videos, and created works, including any and all claims for libel and invasion of privacy. I acknowledge that Catholic Youth Organization and the Archdiocese of Detroit do not have control over photographs or videos taken and distributed by participants of this conference.

\_\_\_\_\_  
Print Parent's Name

\_\_\_\_\_  
Emergency Phone #

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

PLEASE RETURN THIS FORM BY: OCTOBER 13