NFCYM NCYC	**YOUTH** PERMISSION FORM *** ONE FORM PER YOUTH ***

November 16-19, 2023

PLEASE TYPE OR PRINT CLEARLY

Parish/School, Town:_____

First Name: _____

Last Name:_____

Participant Mailing Address: _____

City: _____ State: _____ Zip: _____

Participant Email:_____

Participant Mobile Phone #: (   )_____

Emergency Contact Name: _____

Emergency Contact Phone #: (   )_____

Participant Type: ☐ Adult ☒ Youth   Participant Gender: ☐ Male ☐ Female

Grade <u>at the time of NCYC</u>: ☐ 9 ☐ 10 ☐ 11 ☐ 12

Mother/Guardian First Name: _____

Mother's/Guardian Last Name:_____

Mother's address if different from child's: _____

Father/Guardian First Name: _____

Father's/Guardian Last Name:_____

Father's address if different from child's: _____

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I hereby consent to participation by my child,

_____, in NCYC, I understand that this event will take place away from the school/parish grounds and that my child will be under the supervision of the designated school/parish employee on the stated dates. I further consent to the conditions of this event, including the method of transportation.

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 _____ 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 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. 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.

Use of Photos: By signing this form, I hereby grant the Archdiocese of Detroit permission to use photos or videos of my child taken during program activities, or quotations from my child, for future program promotion and/or remembrance purposes. While your child's first name may accompany the photo, no last name or address will be included with your child's picture/quotation. Your permission grants us approval to publicize without prior notification and acknowledges that he/she will not receive any compensation in connection with the programs or works.

During this activity, I can be reached at

_(_____)_____

Or

_(_____)_____

_____   _____
Parent Name   Parent Signature   Date

_____
Parent Email for Important Updates

Group Leaders please keep a copy of this and all forms.