



STUDENT PARTICIPATION PERMISSION FORM  
INTO THE MYSTERY RETREAT 2010

Statement of Consent

I hereby consent to participation by my child, \_\_\_\_\_, in the event described in the event flyer/brochure scheduled for Into the Mystery Retreat 2010.

In consideration of my child being allowed to participate in this event, I agree to waive and release, and indemnify and hold harmless Holy Family Parish, any and all affiliated organizations, its/their employees, agents, representatives, volunteers and drivers, from any and all claims I or my child may have, excluding claims for intentional misconduct or gross negligence, arising from or relating to my child's participation in this event.

I authorize Holy Family Parish to obtain necessary medical treatment for my child in case of illness, injury or accident. List allergies, medication, dietary needs, learning needs, contacts, or other pertinent comments that may affect his/her participation in this event. *Please also include instructions about these needs for the adult supervisor of this event if applicable.*

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During this event, I can be reached at ( ) \_\_\_\_\_.

I certify that I am the (check one) \_\_\_\_\_ custodial parent \_\_\_\_\_ legal guardian of the minor child named above and I agree to the above terms for myself and for my minor child. Please list any custodial concerns/agreements which may affect your child's participation in this event.

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I understand that photographs and video may be taken during this event for future publicity, but would be used without my child's name, and that by consenting to my child's participation in the event, I am consenting to said photography and videography.

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(Print Parent's Name) (Parent's Signature) (Date)