Parent/Legal Guardian Permission Form For Field Trip Participation

Name of the Event: **Sports Day 2010: Sports4Peace**

Designated Supervisor of Activity: **Focolare Movement and St. Mary Catholic Church (Delaware, Ohio)**

Date, Time and Location: **Sat., Sept. 25, 2010; 10 am-4 pm**; **82 E. William Street, Delaware, Ohio 43015**

Cost/Items Needed: **$10**

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 a parent/legal guardian, you remain fully responsible for the action and conduct of your child. **Please e-mail this completed document to stmary@delawarestmary.org or fax it to (740) 363-9915.**

**********************************STATEMENT OF CONSENT (*Please keep a copy for your records*) **********************************

I hereby consent to the participation of my child(ren), _____, in the Sports Day on Saturday, 9/25/2010.

In consideration of my child being allowed to participate in this activity, I hereby agree on behalf of myself and my child, to release the Focolare Movement, St. Mary Catholic Church, the Roman Catholic Diocese of Columbus, and any and all affiliated organization, 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 Sports Day. 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 Sports Day. This release of indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release of indemnification apply to the extent of commercial insurance coverage for any claim, but this Release of Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

_____ _____ _____

Name of Parent/Guardian **(Printed)** Name of Parent/Guardian **(Signature)** Date

_____

Address: Street City State Zip

In case of emergency:

Mother/Guardian ( ) _____ ( ) _____ ( ) _____

Cell *Home* *Work*

Father/Guardian ( ) _____ ( ) _____ ( ) _____

Cell *Home* *Work*

Alternate person (someone who could try and contact you if we cannot reach you):

_____ (___)_____ (___)_____ _____

Name Phone 1 Phone 2 Relationship

Family Primary Care Physician _____ Phone: _____ Address: _____

Insurance Company: _____ Policy# _____ Group# _____

**********************************REGISTRATION: LUNCH AND T-SHIRT SPECIFICATIONS **********************************

My child has the following special needs (dietary or otherwise) _____

Box Lunch: (Please Circle One) Turkey/Cheese Sandwich Ham/Cheese Sandwich Peanut Butter & Jelly