



LIFE TEEN
SERVICE TRIP
PERMISSION SLIP



Student Name: _____ **Parent Email:** _____

Student Phone: _____ **Student Grade:** _____

Address (STREET, CITY, ZIP): _____

TRIP DETAILS

Name of the Event: Samaritan Center Service Trip
Destination: The Samaritan Center, 215 N. State St, Syracuse, NY 13203
Designated Administrator of the Activity: Mr. Chris Spilka
Date and Time: Monday, November 20th, 2:45pm **(Please meet @ Samaritan Center)**
Date and End of Event: Monday, November 20th, 5:15pm **(Please pick up @ Samaritan Center)**
Cost: Free
Transportation: Meet @ Samaritan Center (No transportation provided by Holy Family)
Special Notes: Please wear closed toe shoes, hat and appropriate clothing. **THIS TRIP CLOSSES TO THE FIRST 25 THAT REGISTER**

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 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 Church of the Holy Family, the Catholic Youth Organization, the Diocese of Syracuse, any and all affiliated organizations, their employees, agents and representatives, including volunteers, 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 also give consent for Holy Family Life Teen to take photos and post images on their personal website and social media pages for promotional purposes only.

Parent/Guardian Name Printed

Parent/Guardian Signature (DATE)
