



LIFE TEEN
WINTER RETREAT
PERMISSION SLIP



Student Name: _____ **Parent Email:** _____
Student Phone: _____ **Student Grade:** _____
Address (STREET, CITY, ZIP): _____

TRIP DETAILS

Name of the Event: Winter Retreat

Destination: The Good News Center, 10475 Cosby Manor Rd, Utica, NY 13502

Designated Administrator of the Activity: Mr. Chris Spilka

Date and Time of Departure: December 1st, 2017 (6:00pm)

Date and End of Event: December 3rd, 2017 (3:30pm)*Welcome to stay for Mass at Holy Family @ 4pm*

Cost: \$100 (If registered by November 5th), \$110 (Late Registration)

Transportation: School Bus

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: _____

Allergies? _____

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)
