

Permission & Agreement Form

I/we, the undersigned parent(s) or legal guardian(s) of _____
Print Child's Name

do hereby give permission for my child to take part in various activities that are sponsored and supervised by St. Joseph Youth Ministry, Marion, Illinois. I understand that I can revoke my permission for one or all of the events listed below and any event not listed. I understand that recreation activities hold internet risk that may not be under the control of the chaperons and or event sponsor. Examples of events St. Joseph Youth Group participates in include, but are not limited to:

4th of July Clean Up; BBQ & Pool Party at Marion and/or Kadela Pool; Black Light Soccer; Bowling; Camp Ondessonk Work Weekend; Canoe/Camping Trip; Spelunking/Cave Exploring; Christmas Party; Diocesan Youth Conference; General Summer Events; Haunted Hayride; A "Day at the Lake"; High School Bible Study; Hiking; Horseback Pack and Trail; Lock-Ins; Mini-Golf and D.Q.; Mission Trips; Mothers/Fathers Day Events; Movie Nights; Murder Mystery Dinner; Open "Gym" Nights; Paint Ball; Retreats; Ropes Course ; Holiday World; Ski Trip; Thanksgiving Dinner for Needy; Trivia Night Help; and Web Page Club

I grant my permission for my child to attend these events and release and agree to indemnify and hold harmless St. Joseph's Catholic Church; and all persons connected with this event from any liability; claims; or damages for personal injury; or property loss or damage that may result during the event. I understand that transportation may be provided in private cars; school busses; charter serves; and other forms of transportation.

I/we further understand and agree that I/we assume full responsibility for any loss or damage to property or for bodily injury to others; caused by the above named child; whether by accident or intent.

My signature also gives authorization to the above-named entity to secure treatment for my child by emergency personnel in the event of an accident after reasonable effort has been made to reach me.

It is further understood that I/we assume all responsibility for payment of any medical expenses incurred by the child due to any illness or injury incurred during the above described activity.

I/we have read the above Form; I/we fully understand the Agreement and consent to its terms.

X _____
DATE

X _____
DATE

Emergency Phone Number _____