

PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your child is eligible to participate in a school/parish-sponsored activity requiring transportation to a location away from the school/parish premises. This activity will take place under the guidance and supervision of employees from Prince of Peace Catholic Church. A brief description of the activity follows:

Name of Event: Anchor: Michigan Catholic Middle School Conference

Destination: Grand Rapids Catholic Central High School, 319 Sheldon Blvd. SE, Grand Rapids, MI 49503

Designated Supervisor of Activity: Theresa Andary & Designated Chaperones

Date of Event: March 15th, 2025

Method of Transportation: To Be Determined after Registrations

Cost: \$75 (\$50 nonrefundable deposit to secure spot)

T-Shirt Size: _____

If you would like your child to participate in this event, please complete, sign, and return this form and a Non-Refundable \$50 Deposit to Prince of Peace Parish by December 18th 2024. The Cost of the Trip will decrease depending on Fundraising and Transportation

Statement of Consent

I hereby consent to participation by my child, _____, in the event described above. I understand that this event will take place away from the school/parish grounds and that my child will be under the supervision of the designated school/parish employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this field trip, I hereby agree on behalf of myself and my child, to release Prince of Peace Parish, the Roman Catholic Diocese of Grand Rapids, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf on my child, arising from or relating to my child's participation in the field trip. 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 Releasees 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 field trip. This release or indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

I authorize Prince of Peace Parish to obtain necessary medical treatment for my child in case of illness, injury or accident. List allergies, medication, contacts, or other pertinent comments:

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.

(Print Parent's Name)

(Parent's Signature)

(Date)

MEDICAL TREATMENT RELEASE FORM

To Whom It May Concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed physician of any condition, which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of child: _____

Relationship to you: _____

Reason for which release is intended: **Anchor: Michigan Catholic Middle School Conference**

Address of Minor: _____

Emergency Phone(s): _____

Family Physician: _____ Phone: _____

Physician's Address: _____

List allergies, medication, contact, or other pertinent comments:

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgement of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: _____

Signed: _____

(Parent or Guardian)



DIOCESE OF GRAND RAPIDS

ANCHOR EVENT - MEDIA RELATIONS/PROMOTIONS RELEASE FORM

NAME: _____

ADDRESS: _____
Street City State Zip

PHONE: _____ EMAIL: _____

IF PERSON BEING USED IN THE MATERIAL IS UNDER 18 YEARS OF AGE, PARENT OR LEGAL GUARDIAN MUST SIGN THIS FORM.

This Release pertains to the "Anchor" event being held on March 15, 2025, at Catholic Central High School in Grand Rapids and sponsored by the Diocese of Grand Rapids, in collaboration with the Archdiocese of Detroit and the Dioceses of Gaylord, Kalamazoo, Lansing, and Saginaw (all of the foregoing being the "Dioceses").

On behalf of myself (if 18 or older) or on behalf of the minor child for whom I have the authority to act (in either case, the "Depicted Person"), I give permission to the Dioceses and all persons and entities operating under their authority, in collaboration with them, or on their behalf (collectively, "Released Persons") to record the Depicted Person's participation in Anchor-related events, as well as their appearance, image, likeness and voice in any medium (collectively, their "Likeness"), and to use, without prior notice, the Depicted Person's Likeness, as well as the Depicted Person's name, city and state, and school, and to use statements made by or attributed to the Depicted Person relating to Anchor, without compensation, for web, social media, publicity or similar content promoting or otherwise publicizing Anchor and/or the Dioceses and their efforts, activities, community, and events (collectively, the "Authorized Activities"). I waive any right to inspect or approve such Authorized Uses, including any related or derivative content that may be created in connection therewith. I hereby release and hold harmless all Released Persons for, from and against any and all claims for damages that the Depicted Person may have (including, but not limited to, claims for compensation, royalties, invasion of privacy, misappropriation, or defamation) arising out of or related to the Authorized Activities. ***I agree that my signature below releases any and all claims against the Dioceses and all other Released Persons related to or arising out of the Authorized Activities.***

Signature of Individual (if 18 or older): _____ Date: _____

Name of Parent/Legal Guardian (print): _____
(if individual is under 18 years old)

Signature of Parent/Legal Guardian: _____ Date: _____

If individual referenced above is under 18, please indicate your relationship to that person: _____

*Once completed, please return this form to your parish/school administration office