

# PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school/parish-sponsored activity requiring transportation to a location away from the school premises. This activity will take place under the guidance and supervision of employees from St. Joseph School and/or Parish.

Name of Event: Halloween Party

Destination: Game On; 14110 Pardee Rd, Taylor, MI 48180

Designated Supervisor of Activity: Mrs. Treusch + homeroom parents

Date and Time of Departure: Friday 10/29/2021 12:40 pm

Method of Transportation: parent drivers

Student Cost: paid with party money

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 parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

## 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 St. Joseph School and/or Parish, the Roman Catholic (Arch)diocese of Detroit, 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 of 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 of 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.

\_\_\_\_\_  
(Print Parent's Name)

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)

Please return this entire form by:

Monday 10/25/21 to Mrs. Treusch  
(Date) (Person)



## GAME ON Sports Center Party Participant Waiver

I, the undersigned, acknowledge and agree that attending or participating in sports activities may be hazardous and may result in injury and death. I further agree that I assume all risks of injury for myself, the below listed minor and anyone who comes with me to the premises, incurred or suffered while upon the premises or as a result of using the facilities or equipment therein.

I further expressly agree to release Game On Sports Center, its owners, employees, agents, successors, assigns, affiliates and anyone else associated with Game On Sports Center from any claims, demands or damages whatsoever, whether developed or undeveloped, known or unknown, anticipated or unanticipated, I have, now or in the future, including, but not limited to any and all claims, demands or damages for negligence, personal injury and/or loss, theft or destruction of personal property. It is my intention that this release be as broad as Michigan law allows releases of this sort to be. I understand and acknowledge that, without this document, the cost of participation would necessarily be greater. I also understand and acknowledge that I may obtain insurance to protect myself if I so choose.

I further agree to save, hold harmless, and indemnify Game On Sports Center, its owners, employees, agents, successors, assigns, affiliates, and anyone else associated with Game On Sports Center, from any and all claims, demands or damages, including cost, interest and attorneys' fees which they may suffer or incur as a result of any claims by me, anyone who comes with me to the premises, or related entities, and/or as a result of any claims, demands or lawsuits arising out of my actions or those of anyone who comes with me to the premises.

I HAVE READ THE FOREGOING RELEASE, I FULLY UNDERSTAND IT, AND I  
AGREE TO BE BOUND BY IT.

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Minor's Name

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Date

Email:

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Parent/Guardian's Name

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Parent/Guardian's Signature