St. Colette Confirmation Spirit Day Permission Form

Release, Indemnification & Waiver of Liability

*Due by 2/22/24*

Date of Retreat: March 3, 2024

Time: 1pm-7:30pm

No cost, girls bring a snack/dessert to share and guys bring a drink to share.

Confirmandi Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Saint Name he/she selected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

Dear Confirmation Prep. Team,

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the (Name of Parent/Guardian) (Father, Mother, Guardian)

Of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , a participant of the St. Colette Confirmation Class.

I hereby request permission for the above-named child to attend the activity at *St. Colette Church* on ***Sunday March 3, 2024*** from the times of *1pm-7:30pm* and I consent to the child’s participation in this activity. I understand that this activity consists of *various activities on church grounds.*  I fully understand what is involved in the day and I understand that I have the opportunity to call *Sara Kronholz and/or the team* and ask about the activity.

**I understand that I am solely responsible for the transportation of my child to and from the activity.**

My child agrees to abide by all the rules of the aforementioned Activity and to obey the staff in charge of this Activity. The Parish and Diocese will not be liable for my child’s failure to cooperate and/or abide by the rules. Any infraction of the rules may result in the immediate dismissal of my child from the Activity.

I understand that all activities have certain risks and could result in injury to the above-named child. In consideration of the child being allowed to participate in the retreat on behalf of my child and on behalf of the mother, father, next of kin and (if applicable) the guardian of the above child, I hereby assume all risk of injury which may be sustained by the child in connection with the above retreat. To the fullest extent allowed by law I, on behalf of myself, my spouse, my minor child, as well as our respective heirs and assigns, executors, all other legal representatives and any others claiming through us or on behalf of us, hereby agree to release, discharge, hold harmless and indemnify the Parish, the Roman Catholic Diocese of Cleveland, and the Bishop of the Roman Catholic Diocese of Cleveland, as well as their respective clergy, officers, employees, agents, representatives, attorneys, sponsors, and volunteers from and against all claims, judgements, liability (of any nature and extent) which in any way arise out of or relate to my child’s participation in the Activity, foreseen or unforeseen, regardless of the cause (including, but not limited to, the negligence of any person).

I understand that it is my responsibility to carry appropriate medical insurance for my child and that such is not the responsibility of any other person or party, including, without limitation, Parish or the Diocese of Cleveland.

I understand that pictures of my child may be taken throughout the day and used for parish media.

I have read and fully understand the contents of this entire document and consent to the provisions contained therein.

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Please Print)

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name:

Emergency Contact Phone Number:

In case of an emergency, contact Sara: 216-375-2746

**Please print, complete all fields, and send to Sara via the parish office or send a picture of the completed form to skronholz@stcolettepar****ish.com.** ***Due by 2/22/24***

**Each child needs their own permission slip. Thank you.**