



Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Cell Phone \_\_\_\_\_ Parent Email \_\_\_\_\_

Parent Names \_\_\_\_\_ Teen Cell \_\_\_\_\_

(Please 'X' if interested) \_\_\_\_\_ I can chaperone

I hereby grant permission and consent for my child to accompany HAYgroup- Holy Angels Youth Group to participate in The Cedar Point Trip I understand my child will travel on Sat. the 28th of October with adult advisors or parents. We and our child also understand that they will be riding a Bus for this event. I understand that the purpose of this event is to build community among the youth and to deepen our faith community. I have instructed my child to follow the rules of conduct as directed by the Church and by HAYgroup- Holy Angels Youth Group. My child agrees to abide by the rules and regulations of this event and the direction of those adults responsible.

The Bus will depart from Holy Angels at 9am and return close to 11pm, Sat. the 28th of October

Cost \$55.00 (bring money for food)

- I understand the scope and nature of the aforementioned event.
- I recognize, as with any activity, the possibility of injury associated with my child's participation in these events.
- I and my spouse assume all risks in connection with our child's participation in the aforementioned program.
- I, on behalf of myself, my spouse, my heirs and assigns, my executor, all other legal representatives and any others claiming through me or on behalf of me, hereby agree to release, discharge, and indemnify the Church of the Holy Angels and its pastor, administrator, the Roman Catholic Diocese of Cleveland and the Bishop of the Roman Catholic Diocese of Cleveland, as well as their representative employees, agents, representatives, sponsors, and volunteers from and against all claims, judgments, liability (of any nature or extent) which in any way arise out of or relate to my child's participation in the aforementioned program sponsored by Holy Angels Catholic Church, whether foreseen or unforeseen.
- I understand that it is my responsibility to carry appropriate medical insurance for my child and that such is not the responsibility of the Church of the Holy Angels.
- I/we hereby give consent to photograph or videotape aforesaid participant and without limitation to use such photographs or videotapes and or stories in connection with any work of the Church of the Holy Angels without consideration of any kind, and I do hereby release the Church of the Holy Angels from any claims whatsoever which may arise in said regard.
- I/we hereby give consent to text, email, or call aforesaid participant in regards to youth group events held by or relating to the Church of the Holy Angels

In signing below I warrant that I have read and fully understand this Release.

Parent/ Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

I understand that I have the opportunity to call Alex Yates at 440-708-0808 ext. 208 about any questions that I may have.

Medical Form on Back

