

**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 Bishop Kelley Catholic School and/or Parish.

Name of Event: **BKCS Walk-a-thon**

Destination: **Downtown Lapeer, Linear Park & Annrook Park, Lapeer, MI**

Designated Supervisor of Activity: **Classroom Teachers**

Date and Time of Departure: **Friday, April 27, 2018 @ 9:45 a.m. from BKCS (Rain date Mon., April 30, 2018)**

Date and Estimated Time of Return: **Friday, April 27, 2018 @ 1:00 p.m. at Annrook Park**

Method of Transportation: **Walking**

Student Cost: **\$ Walk-a-thon Pledges**

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 Bishop Kelley Catholic School and/or Parish, the Roman Catholic (Arch)diocese of Detroit, and any and all affiliated organizations, their employees, agents, 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.

Yes, I would like to chaperone.

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

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

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

Please return this entire form by: **Monday, April 23, 2018** to Classroom Teacher  
(Date) (Person)