

Youth Group Cruise to No Where
(Please see flyer for further information)

Parental Consent Form must be signed and returned to Mary no later than June 1st

Space is limited & trip will be cancelled if we don't have 50 confirmed reservations by the due date, so please RSVP on time!!!!

Please include cash payment of \$40 CASH with permission slip or your reservation is not confirmed.

Wednesday July 12th, 2017

Boat will be leaving from the Capt. Lou Dock on the Nautical Mile in Freeport

*****Be on the boat at 5:45 PM. We leave at 6:00 PM SHARP and return at approximately 10:00 PM*****

Parental Consent Form:

Name of Teen: _____ Sex: _____ Date of Birth: _____

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Cell: _____ Email: _____

I, (parent/guardian) _____, grant permission for my child _____ to participate in the Youth "Cruise to No Where". Further, I hereby grant permission, without reservation, to the participating parishes and those authorized by such, for my child to partake in all event related activities. I hereby release the participating parishes, Philip Malloy, Youth Minister, Mary Dennis, Youth Minister the diocese of Rockville Center, Bishop William Murphy and all employees and volunteers of said parishes and diocese, from all claims relating to injury or damage suffered or incurred by me or my child. I grant permission, without reservation, to those authorized by the parish and the diocese to take photos of my child and use them in the original or modified form, with or without name, solely for the purpose of promotion, public information and/or fundraising activities of the diocese or the parish. I will be entitled to no compensation for same. I further agree that the parish and/or the diocese shall be the sole owner of all tangible and intangible rights of these photos with full power of disposition.

As parent/guardian, I fully acknowledge that I remain fully legally responsible for any and all actions taken by my teen. In addition, I agree to indemnify and hold harmless the parishes, the diocese and all employees and volunteers from and against each and every claim, demand, cause of action or any liability, cost or expense arising from or in connection with any bodily injury, including death, to my child or any damage or loss to his property caused by or arising from my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith.

I fully understand the consequences of the foregoing statements and sign this form knowingly, freely and willingly. (Your signature is required below for your child to participate)

Signature of Parent/Guardian: _____ Date: _____