

PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:
Your child is eligible to participate in a school-sponsored activity requiring transportation away from the school premises. The activity will take place under the guidance and supervision of employees from U of D Jesuit School.

Name of Event: Focus:HOPE Saturday Food Deliveries 2018-2019

Destination: Focus:HOPE Warehouse & Warren Apts, Detroit

Designated Supervisor of Activity: Barbara Koster Rigg and/or other U of D Jesuit

Date and Time of Departure: 8:30am on the following Saturdays:

<u>August 11, 2018</u>	<u>February 9, 2019</u>
<u>September 15, 2018</u>	<u>March 9, 2019</u>
<u>October 20, 2018</u>	<u>April 13, 2019</u>
<u>November 17, 2018</u>	<u>May 18, 2019</u>
<u>December 8, 2018</u>	<u>June 15, 2019</u>
<u>January 12, 2019</u>	<u>July 20, 2019</u>

* Please note: Sometimes these dates change because of warehouse scheduling. Please listen to announcements the week prior to see if there is a change.

Method of Transportation: U of D Jesuit Bus

***** **STATEMENT OF CONSENT** *****

I hereby consent to the participation of my child, _____, in the event described above. I understand that this event will take place away from the school grounds. I further consent to the conditions stated above on participation in this event, including the method of transportation.

I acknowledge that my child participates in this trip at his own risk. My child is in good health, and on behalf of myself, my child, my heirs, executors and assigns, I further release and forever discharge the University of Detroit Jesuit High School and Academy, any and all affiliated organizations, its/their employees, agents, representatives, volunteers and drivers from any rights or causes of action whatsoever whether in law or in equity arising from or by reason of any bodily and/or personal injury sustained by my child and/or loss or damaged property or otherwise, directly or indirectly rising from participation by my child on this trip.

I agree to indemnify the University of Detroit Jesuit High School and Academy, any and all affiliated organizations, its/their employees, agents, representatives, volunteers and drivers on account of any claims that might be asserted by me or my child. Permission is given to take any action that you may deem necessary in the event of injury to or illness of my child and for any emergency anesthesia and/or operation which might become necessary, which action shall include the giving of permission to any doctor to hospitalize, provide proper treatment and order injections, anesthesia or surgery for my child.

Parent Name (Please Print): _____

Parent Signature: _____ Date: _____

Emergency Phone Number (for contact during event): _____