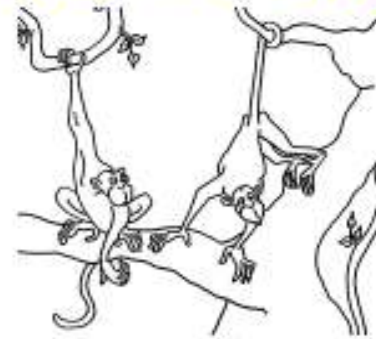




Spirit of Christ Youth Ministry  
Off Campus Activity  
Parent Permission Form

# Out of the Jungle



**Event:** Out of the Jungle Confirmation Retreat

**Date:** 11/10/2017 5:00 PM  
to 11/12/2017 6:15 PM

**Place:** 8747 Overland Rd  
Ward CO 80481

**Mode of Transportation:** Charter Buses

**Cost:** INCLUDED IN THE COST OF CONFIRMATION

**Designated Supervisor:** Richard Deanda and Krissy Jensen  
303-422-9173

**Deadline:** Monday, September 11, 2017

**Permission:** I give permission for \_\_\_\_\_, my son/daughter, to attend the above off campus activity (“Field Trip”). I understand and acknowledge that participation in the Field Trip involves inherent risks of injury to my child, including risks associated with transportation by motor vehicle. I understand and acknowledge that a vehicle in which my child is present may be operated by a volunteer driver.

**Medical Release:** I authorize the Designated Supervisor(s) of the Field Trip to authorize and consent to any medical care for my child that he or she reasonably believes necessary, including, but not limited to, hospitalization or surgery. I agree to pay any expenses related to such medical care. I understand and acknowledge that the Designated Supervisor(s) of the Field Trip will attempt to obtain my permission by telephone before authorizing or consenting to any medical care for my child if time and conditions permit.

**Liabilities:** I understand and acknowledge that any medical expenses related to illness or injury to my child while on the Field Trip are not covered by any insurance program maintained by the Archdiocese of Denver, and that I am primarily responsible for such expenses. I understand and acknowledge that by consenting to my child’s participation in the Field Trip I am assuming full responsibility for the risk of any illness or injury that my child may incur. I release the Archdiocese of Denver and any employee or volunteer chaperons or drivers from liability for any illness or injury that my child may incur while participating in the field trip, whether cause with or without fault by the Archdiocese of Denver, the parish, or by any of their agents, servants or employees, including any employee or volunteer chaperons or drivers.

I hereby consent to my child’s participation in the Field Trip. I have carefully read this Field Trip Authorization, and I understand and agree to each of the covenants and conditions set forth above.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

**Please fill out in full.**

Participants Full Name: \_\_\_\_\_

Name participant would like on their nameta \_\_\_\_\_

Birth date: \_\_\_\_\_ Grade in school: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Parents Names \_\_\_\_\_

Parent Phone Number: \_\_\_\_\_

Parent Email Address(es): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Medical Information**

**Please Print**

Are there any medical or physical conditions of which we should be aware? \_\_\_\_\_ (if yes, please explain):

List any medications your child is currently taking: \_\_\_\_\_

List any allergies: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_