

ST. BERNARD OF CLAIRVAUX CHURCH

NJ Catholic Youth Rally Permission Slip

Six Flags Great Adventure

Sunday, 05/21/17

First and Last Name: _____

Home Address: _____

Parent/Guardian Contact Number: _____ Parent/Guardian Email: _____

Age: _____ DOB: _____ Grade: _____ School: _____

Mode of Transportation: Bus Departure Time: 7:00 a.m. Return Time: 9:00 p.m.

Emergency Contact Name: _____ Emergency Contact Phone Number: _____

Medical Conditions/Allergies: _____

Medications: _____

Allergies: _____

Dietary Restrictions: _____

Parent/Guardian Signature: _____ Date: _____

Cost of Trip: \$55.00 Checks Payable: St. Bernard Church

Parent/Guardian: Please read carefully and sign below.

I/we consent to my child, _____ ("my child"), participating in the above described activity and consent to the mode of transportation as indicated. I/we specifically waive and release any and all claims of any nature which I/we may have now or in the future against the above named parish and/or school, the Diocese of Metuchen, their representatives, employees, agents and assigns (including, but not limited to, staff and adult supervisors) arising out of, related to, or connected in any way with the above described activity including, but not limited to, claims that may be derived from any accident or injury sustained by my child or damages or loss to property in route to, during, and/or returning from the activity.

PHOTO RELEASE

I/we hereby grant to the Diocese of Metuchen and its parishes, schools and assigns, the irrevocable and unrestricted right to use, reproduce and publish photograph(s) or video(s) of my child, including their image and likeness for diocesan, parish or school publications, advertising, or website(s), or any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same. I/we hereby release The Diocese of Metuchen and its trustees, officers, employees, agents, legal representatives, and assigns from any and all claims, actions, and liability of whatever nature and relating to the use of said photograph(s) and/or video(s).

DISCIPLINE / TRANSPORTATION OR DAMAGE COSTS

I/we agree to respect the rights and property of others and further understand that vandalism, stealing or insubordination will not be tolerated. I/we assume all responsibility for any and all financial obligations that result from any such behavior or the violation of the Policies and Rules of Conduct. Should it be necessary for my child to return home due to medical reasons, disciplinary actions or otherwise, I/we assume all responsibility and transportation costs.

Parent/Guardian Signature: _____ Date: _____