



Santa Maria del Mar Catholic Church

YOUTH MISSION TRIP PERMISSION SLIP

Parent Permission and Release of Liability

915 North Central Avenue, Flagler Beach, FL 32136
Office Tel: 386.439.2791 — Office Fax: 386.439.1362

NAME OF CHILD: _____

NAME OF PARENT/GUARDIAN: _____

EVENT INFORMATION New Fire Retreat in St. Augustine

EVENT DESCRIPTION:

24 Hour Retreat with Life Teen

DATE: Oct. 15-16, 2021 DEPARTURE TIME: 5pm RETURN TIME: 5pm Saturday

DEPARTING FROM: Meet at the John Bosco House EVENT LOCATION: 10 San Sabastian Ave

EVENT COST: \$50 + \$20 dinner on Friday Method of TRANSPORTATION: Meet at Event

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name: _____ Relationship: _____
 Day Phone: _____ Evening Phone: _____
 ing Phone: _____

The undersigned parent, guardian or legal representative hereby consents to the participation of the above-noted child in the event described and further consents to the conditions stated above on participating in this event, including the method of transportation. It is understood that this event will take place away from the parish grounds and that the child will be under the supervision of a designated parish employee(s)/volunteers on the stated dates.

For and in consideration of the child being allowed to participate in this event, and other valuable consideration, the undersigned parent, guardian or legal representative, on behalf of the child and the child's parents, personal representatives, assigns, heirs, and next of kin, does hereby release and hold harmless the Diocese of St. Augustine, Felipe J. Estévez as Bishop of the Diocese of St. Augustine, a corporation sole, Bishop Felipe J. Estévez, individually, the above-noted parish, and employees and agents of said parties engaged in this particular event, their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property, of the child, or death, caused by negligence or otherwise, while the child is engaged in the above-stated event or in transportation to and from said event. The undersigned expressly agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned parent, guardian, legal representative further acknowledges that he/she is authorized to enter this Agreement on behalf of the child, and the child's parents, personal representatives, assigns, heirs, and next of kin.

(Parent / Guardian / Representative **Signature**) (Parent / Guardian / Representative / **Name**) (Date)

(Home Phone)

(Work Phone)

(Cell Phone)

(Witness Signature)

Kimberly Cazzaniga

(Witness Name)

Kimberly Cazzaniga

(Date)

October 15, 2021

(Witness Signature)

Lizbeth Alicea

(Witness Name)

Lizbeth Alicea

(Date)

October 15, 2021