

PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian: Your child is eligible to participate in a sponsored activity requiring transportation to a location away from the school premises. This activity will take place under the guidance and supervision of employees and volunteers from Guardian Angels Catholic School.

Name of Event: **3rd Grade Putt Putt & Picnic End of the Year Celebration**
Destination: **Putt Putt at Royal Oak Golf Center 3500 Edgar Avenue, Royal Oak 48073**
& Picnic at Normandy Oaks Park 4234 Delmere Blvd, Royal Oak 48073

Designated Supervisor of Activity: **Mrs. Amanda Ulch**
Date and Time of Departure: **Friday, May 31, 2024, 9:40 am**
Date and Time of Return: **Friday, May 31, 2024, 2:30ish**
Method of Transportation: **Parent Drivers**

Student Cost: **\$6 (for round of putt putt)**
Additional Notes: **students need to bring their own lunch from home and FILLED water bottle**
Clothing: weather appropriate dress down pants or shorts with a GA shirt. If weather permits students will be allowed to use the splash pad, in this case students will need to wear a one piece swimsuit under their clothing and bring a towel. School dress down dress code rules must be followed, per handbook. Please remember SUNSCREEN

If you would like your child to participate in this event, please complete, sign and return this ENTIRE statement of consent and release of liability to Mrs. Amanda Ulch by Thursday, May 23rd. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

STATEMENT OF CONSENT

I hereby consent to participation by my child, _____, in the event described above. I understand that this event will take place away from the school/parish grounds and that my child will be under the supervision of the designated school/parish employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this event, I hereby agree on behalf of myself and my child, to release Guardian Angels Catholic School and/or Parish, the Roman Catholic (Arch)diocese of Detroit, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. This release of indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of self-insurance or deductible applicable to any claim.

I authorize Guardian Angels Catholic School to obtain necessary medical treatment for my child in case of illness, injury or accident. My child has the following medical conditions or allergies about which a health care provider should be told: _____

During this event I can be reached at (____) _____

(Print Parent's Name) (Parent's Signature) (Date)

- ____ I have completed the Protecting God's Children workshop
- ____ I have had the Criminal Background Check for this current school year
- ____ I can help drive _____ number of seatbelts for students