

**St. Christopher Youth Ministry Activity Permission Form**  
**Release, Indemnification & Waiver of Liability**

Date: \_\_\_\_\_

Dear *Mr. Logan Feldkamp*,

I, \_\_\_\_\_, am the \_\_\_\_\_  
(Name of Parent/Guardian) (Father, Mother, Guardian)

Of \_\_\_\_\_, a participant of St. Christopher Youth  
Ministry.

I hereby request permission for the above-named child to attend the activity at *the Saxton House Condominiums* on \_\_\_\_\_ from the times of *5pm-7pm* and I consent to the child's participation in this activity. I understand that this activity consists of *raking leaves*. I fully understand what is involved in the activity and I understand that I have the opportunity to call *Mr. Feldkamp* and ask him about the activity.

**I understand that I am solely responsible for the transportation of my child to and from the activity.**

My child agrees to abide by all the rules of the aforementioned Activity and to obey the staff in charge of this Activity. The Parish, School, and Diocese will not be liable for my child's failure to cooperate and/or abide by the rules. Any infraction of the rules may result in the immediate dismissal of my child from the Activity.

I understand that all activities have certain risks and could result in injury to the above-named child. In consideration of the child being allowed to participate in the field trip on behalf of my child and on behalf of the mother, father, next of kin and (if applicable) the guardian of the above child, I hereby assume all risk of injury which may be sustained by the child in connection with the above field trip. To the fullest extent allowed by law I, on behalf of myself, my spouse, my minor child, as well as our respective heirs and assigns, executors, all other legal representatives and any others claiming through us or on behalf of us, hereby agree to release, discharge, hold harmless and indemnify the School, Parish, the Roman Catholic Diocese of Cleveland, and the Bishop of the Roman Catholic Diocese of Cleveland, as well as their

respective clergy, officers, employees, agents, representatives, attorneys, sponsors, and volunteers from and against all claims, judgements, liability (of any nature and extent) which in any way arise out of or relate to my child's participation in the Activity, foreseen or unforeseen, regardless of the cause (including, but not limited to, the negligence of any person).

I understand that it is my responsibility to carry appropriate medical insurance for my child and that such is not the responsibility of any other person or party, including, without limitation, the School, Parish, or the Diocese of Cleveland.

I have read and fully understand the contents of this entire document and consent to the provisions contained therein.

Parent Signature \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Date \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

**Please print, complete all fields, and send a picture of the completed form to  
Ifeldkamp@stchrisparish.com. Each child needs their own permission slip. Thank you.**