

Holy Fire Great Lakes – Youth Information Form

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in Holy Fire Great Lakes requiring transportation to a location away from the parish/school premises. Holy Fire Great Lakes will take place under the guidance and supervision of employees from _____ School and/or Parish from the (Arch)diocese of _____.

Destination: Huntington Place, 1 Washington Boulevard, Detroit, MI 48226		
Parish/School Supervisor of Activity:		
Date: October 9, 2022	Time of Departure:	Method of Transportation:
Student Cost:		

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

Please print clearly		
Parish/School:	Parish/School City:	State:
(Arch)diocese:		

Child's First Name:	Child's Last Name:	
Participant Street Address:		
City:	State:	Zip:
Participant Email:	Participant Mobile Phone #:	Birth Date (mm/dd/yyyy):

Grade:		
6th:	7th:	8th:

Parent/Guardian Name(s):
Parent/Guardian Cell Phone #:

Holy Fire Great Lakes – Youth Permission Form

I hereby consent to participation by my child, _____, in Holy Fire Great Lakes. 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 October 9, 2022. I further consent to the conditions of this event, including the method of transportation.

In consideration of my child being allowed to participate in this field trip, I hereby agree on behalf of myself and my child, to release _____ School and/or Parish, the Roman Catholic (Arch)diocese of Detroit, Huntington Place, Equipping the Saints (a division of Declan Weir Productions, Inc.), and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releases"), 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 Releases 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 any self-insurance or deductible applicable to any claim.

Use of Photos: By signing this form, I hereby grant the Archdiocese of Detroit permission to use photos or videos of my child taken during program activities, or quotations from my child, for future program promotion and/or remembrance purposes. While your child's first name may accompany the photo, no last name or address will be included with your child's picture/quotation. Your permission grants the Archdiocese of Detroit approval to publicize without prior notification and acknowledges that he/she will not receive any compensation in connection with the programs or works.

During this activity, I can be reached at: _____

Printed Parent/Guardian Name: _____ Printed Parent/Guardian Signature: _____

Date: _____

Holy Fire Great Lakes – Youth Medical Release Form

Please print clearly

To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Child's First Name:	Child's Last Name:
Relationship to you:	Birth Date (mm/dd/yyyy):

Reason for which release is intended: Holy Fire Great Lakes – October 9, 2022

Family Physician	Physician Phone Number:		
Physician Street Address:			
City:	State:	Zip:	
List allergies, medication, contract, or other pertinent comments:			

<u>Health Insurance Data:</u>	
Company:	Policy #:
Group #:	Contract #:

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.
This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician. I acknowledge that it is my responsibility to submit a new form if any of the above information changes.

Print Parent/Guardian Name:	Parent/Guardian Signature:	Date: