

**ST. MINA AND POPE KYRILLOS COPTIC ORTHODOX CHURCH – SHELBY, MI**

**PARENT/GUARDIAN PERMISSION SLIP FORM FOR ACTIVITY/TRIP PARTICIPATION**

Dear Parent, Legal Guardian and/or Conservator:

Your child is eligible to participate in a church activity which may take place at a location away from the Church’s premises and may require transportation to a location away from the Church’s premises. A brief description of the activity follows:

**Name of Event: St. Demiana’s Girls Retreat**

**Age: 4th-8th Graders only**

**Date: December 26th-28th, 2022**

**Time of departure: Please be at church on December 26th at 9:00 am. We will leave at exactly 10:00 am.**

**Time of arrival: We will arrive on December 28th at 5:00 pm.**

**Location: St. Mary and St. Anthony Retreat and Conference Center, Newport, Michigan**

**Cost Per Child: \$60 per person**

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In the case of any injury or illness, the Church and its agents have my permission to obtain any and all health treatments or services on behalf of my child and I agree to remain fully responsible for any costs associated with obtaining any health treatments.

Insurance Company: \_\_\_\_\_ ID/Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mother’s Cell #: \_\_\_\_\_ Father’s Cell #: \_\_\_\_\_

If parents unavailable, please contact: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Additional information about my child that the Church and its representatives need to be aware of, including all medical conditions (physical and mental), medications, allergies, dietary restrictions, etc.:

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If you would like your child to participate in this event, please complete, sign, and return this form to the Church by \_\_\_\_\_.

**Children without a permission slip will NOT be able to attend.**

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**STATEMENT OF CONSENT AND AGREEMENT**

I hereby consent to participation of my child, \_\_\_\_\_, in the event described above. I acknowledge that my child’s participation in the above described activity is for the benefit of my child and not for the purpose of generating a profit for St. Mina and Pope Kyrillos Coptic Orthodox Church (“Church”) or its agents or representatives. I acknowledge that my child participates in this trip at his/her own risk. I acknowledge that my child is in good health and is not unusually susceptible to any harm, illness or injury that may arise out of the above described activity. I understand that this event may take place away from Church grounds. I further consent to the conditions stated above regarding my child’s participation in this event, including the method of transportation, which may be private vehicles, the Church’s vans or charter bus. No matter what method of transportation provided, the agreement to indemnify and hold harmless, below, survives.

On behalf of my child, myself, my heirs, executors, assigns, and any other parent, guardian or conservator of my child, whether appointed now or in the future, I hereby indemnify, hold harmless, release and forever discharge the Church, any and all affiliated organizations, its/their employees, agents, representatives, volunteers and drivers from any claims or causes of action whatsoever, whether in law or in equity, that my child or I now has or may in the future have, for bodily or personal injury, whether physical, mental, or emotional, and for any other claims or causes of action for damages sustained by my child that may occur or arise, directly or indirectly, out of my child’s participation in the above described activity. I hereby further indemnify, hold harmless, release and forever discharge the Church and its agents for damages from any lost, stolen or damaged property, arising in any way from my child’s participation in the above described activity. In the event of any such injury or loss, I agree that I and any other parent, guardian, conservator or next friend will specifically enforce the terms of this agreement as my child’s parent, guardian, conservator, and/or next friend. In the event of any injury or illness to my child, I further grant authority to the Church and its agents to take any action on my or my child’s behalf that they may deem necessary, including but not limited to the giving of consent to any physician or hospital to provide any and all medical treatment deemed medically necessary by said physician or hospital. I agree to remain liable for any costs associated with such treatment.

I understand and acknowledge that this document is of legal consequence and that I have read and fully understood its terms before agreeing to them by signing below. I acknowledge that I am of sound mind and have the legal capacity to consent to the terms of this agreement by signing below.

Signature of Parent, Legal Guardian, or Conservator:

Printed Name:

Date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Passive Consent Form**

PLEASE NOTE:

WE WILL BE DISCUSSING TEEN TOPICS AND ISSUES THAT ARE HAPPENING AROUND THE WORLD, including but not limited to: the church views on friendship, dating, and other topics they may be exposed to in school. There will be one Q&A session with Abouna to answer any questions the youth may have. If you would like for your child not to be exposed to these topics, do not send them to the retreat. Please sign below to consent for your child to discuss these types of topics.

Participant's name: \_\_\_\_\_

Signature of Parent, Legal Guardian, or Conservator:

Printed Name:

Date:

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