

Office of Youth Ministry 27 C Street

SLC, UT 84103

FIELD TRIP PERMISSION FORM

| Participant's name: | |
|---|---|
| Birth date: | Gender: |
| Parent/Guardian's name: | |
| Home address: | |
| Home phone: | Business phone: |
| to participate in this parish yo the parish site. This activity v | , grant permission for my child,(Child's name) buth ministry event that requires transportation to a location away from will take place under the guidance and direction of parish employees John the Baptist Catholic Parish (the "Parish"). |
| A brief description of the acti | vity is as follows: |
| Type of event: | High School Yes! Trunk-R-Treat |
| Destination of event: | Road Home Family Shelter, 529 W. 9th Ave, Midvale, UT 84047 |
| Individual in charge: | Liz Canto |
| Estimated time of dep | parture and return: October 29, 2024, 5:15 PM - 8:00 PM (approximately) |
| Mode of transportation | on to and from event: Carpool from Parish Parking Lot |
| child. I agree on behalf of my and defend the Diocese, the larising from or in connection injury or cost of medical treat the Parish and/or the Dioces in connection therewith. Further | an, I remain legally responsible for any personal actions taken by my yself, my child, and our heirs, successors, and assigns, to hold harmless Parish, and their employees, agents, representatives and volunteers, with my child attending the event or in connection with any illness or ment in connection therewith. Additionally, I agree to compensate e of Salt Lake City for reasonable attorney's fees and expenses arising thermore, the information contained in the "Consent to try Program" form is current as of the date of my execution of |
| Printed Name of Parent/Gua | rdian: |
| Signature: | Date: |