

St. William Catholic Church



Field Trips

I hereby grant permission for m	ny grade Youth	
	to attend the below listed outing/event.	
EVENT: Rebounderz,-Jackso	onville, Fla.	
DATE(S): Sunday, Oct. 25, 20	15	
PARENT'S SIGNATURE:	DATE:	
PARENT/GUARDIAN'S NAM	ME:	
HOME ADDRESS:		
HOME PHONE:		
EMERGENCY CONTACT &	NUMBER	
*HEALTH PLAN & POLICY	# (*include copy of insurance card)	
ALLERGIES OR MEDICINE	ALLERGY	
DESTINATION OF EVENT: J	Jacksonville, Fla. INDIVIDUALS IN CHARGE: Laurie Jones/Tyler	r Whatley
ESTIMATED TIME OF EVEN	NTS: 10:45AM-5PM TRANSPORTATION TO EVENT: Personal ve	ehicles
harmless and defend St. William employees, agents, chaperones connection with my child attended to the cost of medical treatment in comemployees, and agents, and the associated with the event for rebrought against them as a resulparish/Diocese. Further, I assi	y minor dependent named herein, our heirs, successors, and assigns, to m Catholic Church and the Diocese of Savannah, its officers, directors or representatives associated with the event from any claim arising from the event or in connection with any illness or injury (including define the event), and I agree to compensate the parish, its officers, or Diocese of Savannah, its employees agents and chaperones, or representations attorney's fees and expenses which they may incur in any actually of such injury or damage, unless such claim arises from the negligenume all responsibilities for the conduct of my minor dependent during the read and understand the statement above.	s, com or in cath) or directors, sentative ction nce of the
Signature:	Date:	
whether on parish property or or photographs can appear togeth Savannah websites and newspa	aph's and videos are taken of youth at activities sponsored by St. William elsewhere to publicize St. William Catholic Church events and function her with their name on one of the following communication mediums: It aper, St William's website, St William's Facebook, other local newspaper. I DO NOT give permission for my child's picture and name to be	ns. These Diocese of pers, or
Signature:	Date:	