

Roman Catholic Diocese of Manchester **Permission Slip¹**

I _____ hereby give "My Child" _____
(Parent/Guardian Name) **(Child Name)**

permission to participate in the "Activity" described below.

Diocese Location	Immaculate Heart of Mary Parish
Activity Description	Climb Mt. Major & Swim at Ellacoya Beach
Date(s) and Times*	Tuesday Aug. 9, 2022. Meet at IHM Church at 9:30am
Transportation Provided?	<input type="radio"/> Yes <input type="radio"/> No Carpool
Special Instructions, if any	
Cost	Beach Cost: \$5 (ages 12-64) \$2 (age 6-11). Cash Only.
Volunteers Needed ²	

* If the Activity cannot be held on the Date or Times listed above, I intend for this Permission Form to apply and be effective for any rescheduled Date(s) and Times for the Activity.

I certify that My Child is physically fit and capable of taking part in the Activity.

I give permission for My Child to receive any emergency medical treatment deemed necessary until the Emergency Contact(s) can be notified, and I agree I will assume full responsibility for the payment of such treatment.

Emergency Contact: _____ Phone: _____

Alternate Contact: _____ Phone: _____

On the lines below, I have listed any medical condition, physical disability, and medical, food, insect, and other allergy that may be relevant to rendering medical care. Any medication taken during the Activity must be provided in its original container.

I understand that photographs and videos of My Child may be taken, and I authorize them to be used for publicity.

I understand that staff will use their best efforts to supervise the Activity; however, I agree and acknowledge that the Roman Catholic Bishop of Manchester, a Corporation Sole d/b/a as the Diocese Location and its respective directors, officers, trustees, employees, and volunteers shall not be responsible for bodily injury or loss of or damage to personal property that may result from the Activity. In addition, I agree My Child, at the time of participation in the Activity, will be in full compliance with the Diocesan Guidelines for COVID-19.

Parent/Guardian Signature: _____ Date: _____

<p>For Volunteers³:</p> <p>I voluntarily agree to assist with the Activity. I give permission to receive any emergency medical treatment deemed necessary until the Emergency Contact(s) can be notified, and I agree I will assume full responsibility for the payment of such treatment.</p> <p>Volunteer's Signature: _____ Date: _____</p> <p>Email: _____ Phone: _____</p>

¹ This Permission Slip is required from minors to participate in a trip (day or overnight) or for minors to volunteer.

² Must be age 21 or older to serve as a chaperone.

³ Volunteers must complete a Volunteer Application and Agreement and fulfill all applicable Safe Environment requirements.