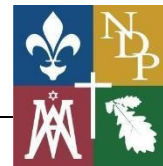


Notre Dame Preparatory School and Marist Academy

1300 Giddings Road

Pontiac, Michigan 48340

PARENT PERMISSION FORM FOR PARTICIPATION



Student Name:(print)

Date form is due: **April 3, 2017**

Dear Parent or Legal Guardian:

Your son/daughter has requested to participate in a field trip. A brief description of the activity follows:

Name/Type of Activity: First Robotics Tournament

Destination: St. Louis, MO

Date of Departure: April 25, 2017

Date of Return: April 30, 2017

Time of Departure: 10:30 pm

Time of Return: 6:00 pm

Method of Transportation: Bus

*** Times subject to change ***

Student Cost: consult travel packet

If you would like your child to participate in this activity, please complete, sign, and return this sheet.

I hereby request that my child, _____ participate in the event described above.

I understand that this event will take place away from school grounds and that my child will be under the supervision of school personnel. I further consent to the conditions stated above including the method of transportation.

In consideration of my child being allowed to participate in this activity, I agree on behalf of myself and my child, to release Notre Dame Preparatory School/Marist Academy, the Roman Catholic Archdiocese of Detroit, and any and all affiliated organizations, their employees, agents, representatives, including volunteer drivers (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me or my child, arising from or relating to my child's participation. 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 Releasees 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. 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.

I authorize the school to obtain necessary medical treatment for my child in case of illness, injury or accident. My child has the following medical conditions or allergies about which a health-care provider should be told:

I can be reached at (phone numbers):

Parent signature:

Print parent's name:

Date:

