

LIFE TEEN SUMMER MISSION TRIP

ALIVE *2019* IN YOU

KNOXVILLE, TENNESSEE

JUNE 25-30, 2019



JOIN US FOR ONE OF THE BEST WEEKS OF YOUR LIFE!
SERVE THE LOCAL COMMUNITY & MEET HUNDREDS OF
OTHER CATHOLIC TEENS. FOR MORE INFO, CHECK OUT
ALIVEINYOU.COM OR EMAIL LEIGH ANNE BUTRUM AT
LBUTRUM@SAINTBRIGID.ORG

SAVE YOUR SPOT BY MARCH 18 WITH A \$100 DEPOSIT!
SPOTS ALWAYS FILL UP EARLY, SO SIGN UP ASAP.

**CATHOLIC ARCHDIOCESE OF ATLANTA ~ SAINT BRIGID CATHOLIC CHURCH
FIELD TRIP- PARENTAL/ GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Name of Participant: _____ Goes By: _____
Gender: _____ Grade (2018-19): _____ High School: _____
Date of Birth: _____ Age (as of 6/25/19): _____ T-Shirt Size: _____
Parent/Guardian's Name: _____
Address: _____
Parent Cell #: _____ Teen Cell #: _____
Parent E-Mail: _____ Teen E-Mail: _____
Any Allergies/Special Needs we need to be aware of?
Are you are registered parishioner of Saint Brigid? YES/NO
(*Please note first dibs go to St Brigid parishioners, and if there are spots left by
March 18, it will be first come/first serve for non-Parishioners.*)

I, (Parent/Guardian above), grant permission for my child, (Participant above), to participate in this parish event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from the parish. A brief description of the activity follows:

Type of Event: Alive in You Mission Trip
Destination of Event: Knoxville, TN
Individual in Charge: Leigh Anne Butrum
Estimated time of Departure and Return: Tues, June 25, 2019- Sun, June 30, 2019
Mode of transportation to and from event: Charter Bus

As a parent and/ or legal guardian, I remain legally responsible for any personal actions taken by my child. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend this PARISH (listed above), its officers, directors, and agents and the ARCHDIOCESE OF ATLANTA, Georgia, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event of in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Atlanta, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

I/ We hereby grant permission for publication of group (two or more persons) photo taken at youth events.

Signature of Parent/ Guardian _____ Date _____

Please return this form to the Life Teen Office along with a \$100 non-refundable deposit check by March 18, 2019. Make checks out to "Saint Brigid Life Teen".
Contact Leigh Anne Butrum for more info: lbutrum@saintbrigid.org

Office Use: Date: _____ Rec'd By: _____ Amount: \$ _____ Check #: _____ Cash: _____