

LIFETEEN OUTING

SUNDAY
APRIL 7, 2019
FOOD & BOWLING
6:30PM-8:30PM

BOWLERO NORCROSS
6345 SPALDING DR,
PEACHTREE CORNERS, GA 30092

\$25 PER PERSON! FORM DUE
MARCH 24, 2019



FOR MORE INFO CONTACT Leigh Anne Butrum at
LBUTRUM@SAINTBRIGID.ORG



LIFE TEEN
Saint Brigid Life Teen

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



Name of Participant: _____ **Goes By:** _____
Gender: _____ **Grade:** _____ **High School:** _____
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?

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: Bowling

Destination of Event: Bowlero Norcross (6345 Spalding Dr, Peachtree Corners, GA 30092)

Individual in Charge: Leigh Anne Butrum

Estimated time of Event: Sunday, April 7, 2018 from 6:30pm-8:30pm

Mode of transportation to and from event: Meet there

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 or 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** _____