

OVER THE EDGE 2020



ALL RISING NINTH
GRADERS JOIN US AUGUST
2ND AFTER 5PM MASS FOR
COLOR WARS!

Catholic Archdiocese of Atlanta

Saint Brigid Catholic Church Field trip - Parental / Guardian Consent Form and Liability Wavier

Name of Participant: _____ Goes By: _____

Gender _____ Date of Birth _____ Grade (2020-2021) _____ High School: _____

Parent / Guardian's Name _____

Address: _____

Parent phone #: _____ 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. 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: *Over the Edge*

Destination of Event: *Saint Brigid Catholic Church*

Individual in Charge: *Leigh Anne Butrum*

Estimated time of Event: *August 2nd, 2020 6pm-7pm*

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 _____

****Please return to Leigh Anne Butrum in the Life Teen Office by July 25th. All teens will need a current Annual Medical Release form on file.****

Office use: date _____ rec'd _____ Amount _____ check # _____ Cash _____
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