

**JUNE 23-28**

JOIN US FOR THE BEST WEEK  
OF SUMMER!

# ALIVE IN YOU

## *Mission Trip*

**CHATTANOOGA,  
TENNESSEE**



**NON-REFUNDABLE  
DEPOSIT**

**\$150**

OPEN TO RISING 9<sup>TH</sup> GRADERS -  
RISING COLLEGE FRESHMEN

FINAL COST TO BE  
DETERMINED AFTER  
FUNDRAISER

For more information, visit [aliveinyou.com](http://aliveinyou.com) or contact [mcouch@saintbrigid.org](mailto:mcouch@saintbrigid.org)

Catholic Archdiocese of Atlanta  
Saint Brigid Catholic Church  
Field trip– Parental/ Guardian Consent Form and Liability Wavier

Name of Participant: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade (2025-2026): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age (as of 6/23/26): \_\_\_\_\_ High School: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dad Cell #: \_\_\_\_\_ Mom Cell #: \_\_\_\_\_ Teen Cell #: \_\_\_\_\_

Parent E-Mail: \_\_\_\_\_ Teen E-Mail: \_\_\_\_\_

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: **Chattanooga, TN**

Individual in Charge: **Marissa Couch**

Estimated time of Departure and Return: **Tues, June 23, 2026– Sun, June 28, 2026**

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 Marissa Couch in the Life Teen Office along with a \$150 non-refundable deposit check by April 30, 2026. Make checks out to Saint Brigid Life Teen.\*\***

**Contact Marissa Couch for more info: [mcouch@saintbrigid.org](mailto:mcouch@saintbrigid.org) or 470-450-6195**

Office Use: Date \_\_\_\_\_ Rec'd \_\_\_\_\_ Amount \_\_\_\_\_ Check # \_\_\_\_\_ Cash