

LIFE TEEN

JURISR

LOCK-IN



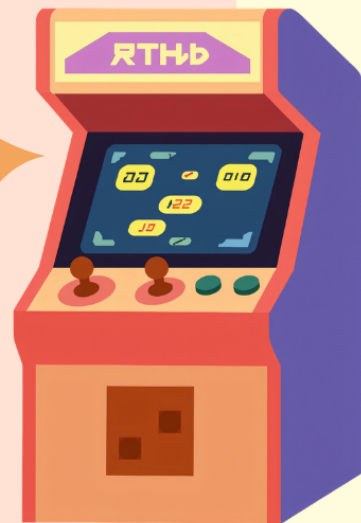
FUN FOR EVERYONE

**SATURDAY
MAY 2**

PARISH LIFE CENTER

5:00PM - 7:00AM

\$50



*Join us for a night of
non-stop fun from
Vigil Mass till dawn!*



**MINI RETREAT
LASER TAG
GAMES, MUSIC, & GOOD VIBES
A NIGHT TO REMEMBER!**

FOR MORE INFORMATION: MCOUCH@SAINTBRIGID.ORG

Catholic Archdiocese of Atlanta
Saint Brigid Catholic Church

Field trip - Parental / Guardian Consent Form and Liability Wavier

Name of Participant: _____ School: _____

Sex: _____ Date of Birth: _____ Grade: _____ Teen Cell #: _____

Parent / Guardian's Name : _____

Address: _____

Dad Cell: _____ Mom Cell: _____

Parent E-Mail: _____ Teen E-Mail: _____

Allergies/Special Needs: _____

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: *Junior/Senior Lock-In*

Destination of Event: *Saint Brigid Catholic Church*

Individual in Charge: *Marissa Couch*

Estimated time of Event: *4:45pm Saturday, May 2, 2026 – 7:00am Sunday, May 3, 2026*

On behalf of the Participant, in such capacity we, for ourselves, our heirs, executors, and administrators, hereby do release, forever discharge, indemnify, and agree to hold harmless the Parish, the Archdiocese of Atlanta, their respective successors and assigns, and their respective officers, directors, employees, and other representatives, any and all supervisors, sponsors, organizers, and all adults who chaperone, transport the Participant to or from, or otherwise participate in, the Event (referred to herein as the "Protected Parties") from and against any and all losses, injuries (whether to person or property), costs and expenses (including legal fees, costs, and expenses), and liability resulting from, arising out of, or incurred, suffered, or otherwise sustained in connection with, the Event. (As used herein, the "Archdiocese of Atlanta" refers to the Archbishop of the Roman Catholic Archdiocese of Atlanta, the Roman Catholic Archdiocese of Atlanta, Inc., and RCAA Administrative Services, Inc.) We, for ourselves, our heirs, executors, and administrators, also agree that throughout the duration of the Event we are and will be legally responsible for any and all of the Participant's actions and omissions that occur during the Event and agree to be financially responsible for any and all losses, injuries (whether to person or property), costs and expenses (including legal fees, costs and expenses), and liability resulting from, arising out of, or incurred, suffered, or otherwise sustained in connection with or by reason of the Participant's actions, conduct, behavior, or omissions that occur during the Event. Furthermore, we understand that if the Participant's behavior is inappropriate, unsafe, and/or otherwise detrimental or threatening to the wellbeing of the Participant or other individuals or to property, we will be contacted immediately, whereupon we agree promptly to secure the means of removing the Participant from the Event premises. In any case, we, for ourselves, heirs, executors, and our administrators, agree that any financial costs incurred as a result of the Participant's being removed from the Event premises are our responsibility.

Signature of Parent / Guardian _____ Date _____

****PLEASE RETURN THIS FORM TO MARISSA COUCH IN THE PARISH OFFICE BY WEDNESDAY, APRIL 29. MUST HAVE LIFE TEEN REGISTRATION ON FILE TO ATTEND.****

Office Use: Date _____ Rec'd By _____