

**Youth Group Trip
To
The Maryland
Renaissance Festival**

Sunday, September 26, 2010

12:00—8 :30 p.m.

**Cost \$7 (ages 12-15) \$12.50 (16&up)
(extra spend money required)**



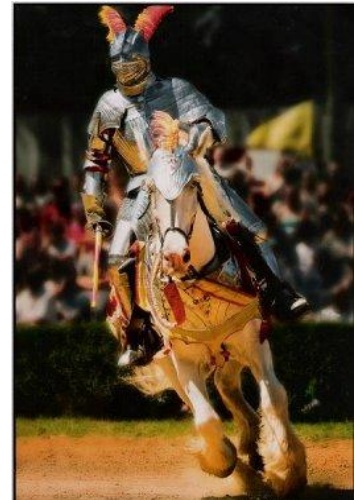
Permission slips required. Guests welcome. We will meet in the parking lot of Holy Family Church at 12:00 p.m., travel to the Maryland Renaissance Festival in Crownsville, Maryland. We will return to Holy Family by 8:00 p.m.

Admission into the fairgrounds is based on age
(see above)

Additional money for games, food and beverages.
Costumes are not required but are welcome.
Chaperones/Drivers needed.
Ticket for chaperone is free.



**RSVP
By Thursday,
September 15th, 2010
301-249-1167
Or by email
holyfamilyprep@msn.com**



PARENTAL/GUARDAIN CONSENT FORM AND LIABILITY WAIVER

FIELD TRIP

Participant's Name: _____

Parent/Guardian's name: _____

Home Address: _____

Home Phone: _____ Other Phone: _____

I, _____ grant permission for my child, _____
(Parent or Guardian's name) (Child's Name)

To participate in this parish even that requires transportation to a location away from the parish site. This activity will take place under the guidance of parish employees and/or volunteers from Holy Family Catholic Church. A brief description of the activity follows:

Type of event: Maryland Renaissance Festival

Cost of the event: \$7 or 12.50 (based on age see front of flyer—cash only please)

Destination of event: Crownsville, Maryland

Individual(s) in charge of event: Pam Rozanski

Estimated time of departure & return : **Sunday, September 26th from 12:00 - 8:30 p.m.**

Event ends at 8:00 p.m. on return to Holy Family Church at approximately 8:30 p.m. Will call as we begin return.

Mode of transportation to and from event: Pam Rozanski & adult chaperones.

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. As parent and or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant") I agree on behalf of myself, my child named herein, or our heirs, successors and assigns to hold harmless and defend Holy Family Catholic Church, its officers, directors, employees and agents and the Archdiocese of Washington, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors an agents, and the Archdiocese of Washington, its employees and agents and chaperons or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Signature _____ Date: _____

(Of the following statements pertaining to medical matters, sign only those that are applicable.)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Signature: _____ Date: _____

In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & Relationship _____ Phone _____

Complete only the portions below that apply to your child

Medications: If medication is required during our trip, please list the medicine and dosage: _____

Specific Medical Information: The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, food, plants, insects, etc): _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

I would like to chaperone/drive for this event? _____ yes _____ no