

PARENTAL/GUARDIAN CONSENT FOR FIELD TRIP LIABILITY

St. Timothy Catholic Church 17512 Lakeshore Road, Lutz FL 33558

Life Teen HS Day Retreat "No Turning Back" at Bethany Center Dec 5th, 2026

PARTICIPANT INFORMATION

Full Legal Name: **Biological Sex:** M or F
Cellphone Number: **Date of Birth:**
Home Address:

PARENT/GUARDIAN INFORMATION

(A) Full Legal Name: **Relationship to participant:**
Cellphone Number: **Work Number:**
Home Address:
 same as participant

(B) Full Legal Name: **Relationship to participant:**
Cellphone Number: **Work Number:**
Home Address:
 same as participant

EMERGENCY CONTACT *In the event that neither parent/guardian from above can be reached*

(C) Full Legal Name: **Relationship to participant:**
Cellphone Number:

Nature of Event: I understand that the nature of this event sponsored by St. Timothy Parish (hereafter "Parish") will be held at the location stated above (hereafter "Location"). I have been given information, or have had the opportunity to request information, which more clearly describes the Location. The event will take place on the date(s) stated above and will involve transportation to and from the destination and the activities therein. I have been given information, or have had the opportunity to request a more detailed schedule of events and activities therein.

I understand and assume the risks inherent to my child participating in such an extended field trip, which may involve certain known and unknown risks beyond the reasonable control of the Parish and the Diocese of St. Petersburg, and their respective representatives, volunteers and agents. Such risks may include but not be limited to accidents, emergencies, exposure to nature and the elements, and/or negligence of the Adult Chaperones. I understand and agree that the Parish and the Diocese of St. Petersburg disclaim any and all responsibility for any such risks.

I am also aware that all reasonable care and supervision will be exercised by the Adult Chaperones to provide for the general well-being of my child. However, I understand that there will be times when my youth is not directly supervised and it is impossible for the Adult Chaperons to supervise my youth every minute of every day while attending this event. I acknowledge placing my trust in my youth to adhere to proper standards of conduct and to follow the rules of the Group Leaders and Adult Chaperons at all times, especially when not being directly supervised. I also understand that the Parish is not responsible for any of my child's personal belongings during the event. In consideration for the benefits my youth will receive in attending this event, I, individually and on behalf of my youth, do hereby **RELEASE, DISCHARGE AND COVENANT NOT TO SUE** the Bishop of the Diocese of St. Petersburg, the Parish and all parishes within the Diocese, all employees, agents and volunteers for this event (the "Released Individuals"), and agree to hold them harmless from any and all claims whatsoever arising from the conduct of any person(s) which result in any injury or loss (whether or not foreseeable) to my youth, or myself.

MEDICAL PERMISSIONS FOR YOUTH: If on the day of travel to the Location, my child should have any symptoms of headache, vomiting, sore throat, cold, fever, flu, diarrhea, onset of any contagious illness, or should otherwise not attend the conference for health reasons, I agree that I will not permit my child to travel to the Location. Before leaving the Parish, or during travel to or attendance at the Location, if it comes to the attention of the Parish that my child shows any signs of illness or there is an accident or emergency, I agree that in the sole discretion of the Parish, my child may be sent home immediately without any liability to the Parish or the Diocese of St. Petersburg. I have previously given consent for emergency medical treatment that may be necessary by signing the Annual Parental Consent or similar form. I hereby ratify and incorporate that consent by signing below. I also agree to pay any medical expenses (including fees related to medical transportation and/or evacuation) incurred by my child in the unlikely event of emergency. Further, my youth is in good health and I am not aware of any medical conditions that would impair or prevent my youth from attending this extended field trip.

PERMISSION FOR OTHER MEDICAL MATTERS:

YES, if upon leaving home I know my child is to be **taking prescription or non-prescription oral medication** at the time of this event, I give permission to the Location’s medical staff or Parish staff to administer the medication to my child; provided, however, that it is my responsibility to send with my child the appropriate quantity of clearly labeled oral medication showing dosage and frequency and to speak to a chaperone about this in advance. I understand that the Parish cannot be responsible for my failure to send the appropriate quantity of medication or for errors in the dosage and frequency due to any cause whatsoever. I acknowledge that I have included a list of all current medications my child is taking for their health and safety.

YES, if my child has a(n) allergy/condition that requires the carrying of an **Epi pen, rescue inhaler, or other immediate aid**, I have disclosed this information on the Annual Parental Consent and agree to ensure that my child brings this medication in the event of emergency. It is my responsibility to send with my child the appropriate quantity of clearly labeled prescription medication showing name, dosage and frequency and to speak to a chaperone about this in advance.

TRANSPORTATION:

YES, I do or NO, I do not hereby grant my youth permission to ride in church sponsored transportation (if available) which will be via (plane/car/etc.) to and from the event. I understand that all diocesan transportation guidelines will be followed. I also understand that I can request a copy of these guidelines from the Diocesan Office of Insurance and Risk Management or from my local parish or related office. If I select **NO**, I understand that I am solely responsible for the transportation of my child.

CODE OF BEHAVIOR:

YES, I agree that by previously signing the St. Timothy Parish Youth Ministry Registration, my child will abide by all rules and regulations including the Parish Handbook that are imposed for this extended field trip, which are sometimes referred to as the Code of Behavior (“the Code”). I agree that if my child fails to abide in any way by the Code, that my child can be dismissed from the Location and sent home immediately at my expense with no right of reimbursement from the Parish.

This Parental/Guardian Consent For Field Trip Liability (this “Form”) is effective as of the date written below, and the Form is to be construed according to the laws of Florida.

With full knowledge and acceptance of the risks associated with this event and any and all related activities, and with full understanding of the issues, conditions and risks, on behalf of my child, I hereby agree to the provisions set forth in this Form and release, indemnify and hold harmless the Released Individuals from all form and manner of liability and risks inherent in, and associated with, and from all claims , suits and demands of any nature arising from participation in the event and activities as set forth in this Form (including any such liability or claims arising from the negligence of the Released Individuals).

PARENT/GUARDIAN’S Name Printed:

PARENT/GUARDIAN’S SIGNATURE

DATE