



MERCY HIGH SCHOOL

Parent/Guardian Permission Form for Field Trip Participation

Student Name: _____

Dear Parent or Legal Guardian:

Your daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from school premises. This activity will take place under the guidance and supervision of employees from Mercy High School. A brief description of the activity follows:

Name of Event: Senior Class Late Night Lock In

Destination: Paradise Park – 45799 Grand River Ave. Novi, MI 48374

Designated Supervisor of Activity: Senior Moderators – Ms. Harris & Mrs. Polan

Date and Time of Departure: Saturday Nov. 6 at 10:30 PM

Date and Time of Return: Sunday November 7 at 1:30 AM

Method of Transportation: Self

Student Cost: \$30 – cash or check made out to Mercy High School

If you would like your child to participate in this event; please complete, sign, and return the following *Statement of Consent and Release of Liability*. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

STATEMENT OF CONSENT

I hereby consent to participation by my child, _____, in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this Field Trip, I agree to indemnify and hold harmless Mercy High School, any and all affiliated organizations, their employees, agents and representatives, including volunteers and other drivers, from any and all claims, including negligence, arising from or in relation to my child's participation in this Field Trip. This Indemnification and Hold Harmless Agreement does not apply to claims for intentional misconduct or gross negligence.

Print Parent/Guardian Name

Date

Parent/Guardian Signature

Parents or students who will be *driving* cars, please complete the following:

Does your insurance policy cover all passengers in the car Yes No

Name of Automobile Insurance Company: _____

PLEASE RETURN THIS ENTIRE FORM BY: Monday October 25 at Reception

WOMEN WHO MAKE A DIFFERENCE

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