

**St. Cassian Church Office of Evangelization**  
**Lee Ann Rivera**  
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**(973) 744 – 2850**

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in an activity sponsored by the Church requiring transportation to a location away from the Church building. This activity will take place under the guidance and supervision of employees of St. Cassian Church. A brief description of the activity follows:

Description of What Will Take Place:

**Name of Event:** *Archery Tag & Bubble Soccer @ Coastal Sports NJ*

**Location:** 22 Madison Road, Fairfield, NJ

**Designated Supervisor of Activity:** Lee Ann Rivera

**Date and Time:** Friday, October 20, 2017 (7:00pm)

**Pick-up Time:** Friday, October 20, 2017 (8:45pm)

**Method of Transportation:** Meet at Coastal Sports NJ

**Cost:** \$25

**\*\*Youth Group shirts must be worn and may be purchased for \$15.**

**\*\*A waiver must be completed for all youths. (See page 2).**

**\*\* Snacks and drinks may be purchased at an additional cost at vending machines.**

**\*\*Permission slips and credit card payments will be available on the parish website until the deadline date. ~~To cover the costs billed to the Church, a \$1.50 processing fee will be charged for online purchases.~~**

Highlighting our youth involvement in our youth ministry and recognizing their accomplishments increases motivation and promotes self-esteem. We are requesting your permission to release your child's photo and/or video for Church use including our website, social media, and to the local news media.

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 any legal responsibility which may result from any personal actions taken by the named student.

Forms and fees must be returned to your teacher, emailed, or dropped off at the Parish Center by **Friday, Oct. 6, 2017.**

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**Activity: Archery Tag & Bubble Soccer @ Coastal Sports NJ**

**Date: 10/20/17**

I request that my child, \_\_\_\_\_, participate in the event described above. I understand that this event will take place away from the Church grounds and that my child will be under the supervision of the designated Church employee or volunteer on the stated dates. I further consent to the conditions stated above on participation on this event, including the method of transportation and use of photo and video.

I understand and agree that in the event that my child should suffer injury of any sort while participating in the event described above, unless such injury is solely caused by their intentional conduct, I agree to hold harmless, and not to pursue any claims against the Church/Church group sponsoring this activity, or any of its agents, servants, or employees, as a result of such injury.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent's Name: \_\_\_\_\_ Interested as chaperon: **Yes No** Completed Protecting God's Children: **Yes No**

Did you complete the waiver?: **YES NO** (Available on 2<sup>nd</sup> page, if downloading permission slip from our website).

If you need a t-shirt, please circle your size: **YL S M L XL 2XL** (Chaperons should also include their shirt size)

Email(s) (to receive trip updates): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

CCD or SCS teacher (if applicable): \_\_\_\_\_

Allergies/Concerns: \_\_\_\_\_



## Release and Waiver of Liability and Indemnity Agreement

In consideration of being permitted to participate in any Coastal Sports NJ (CSNJ) Program at 22 Madison Rd. or 5 Gardner Rd in Fairfield, NJ, the parent(s) and/or legal guardian(s) of the participant or named participant(s) below agree:

1. The parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating in the CSNJ program or event, he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agreed that, if at any time, I feel anything to be UNSAFE, I will immediately take all precautions to avoid the unsafe area and REFUSE TO PARTICIPATE further.

2. I/WE fully understand and acknowledge that:

- (a) There are risks and dangers associated with participation in programs and activities which could result in bodily injury, partial and/or total disability, paralysis and death.
- (b) The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe.
- (c) These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but not limited to, the Releases named below.
- (d) There may be other risks not known to us or are not reasonably foreseeable at his time.
- (e) CSNJ may take pictures, video, and may utilize them in printed materials, display in either facility, or display on their website and social media channels. At no time will a person's name be posted without their written consent.

3. I/WE accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releases named below.

4. I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the CSNJ facility used by the participant, including its owners, managers, promoters, lessees of premises used to conduct any program, premises and event inspectors, underwriters, and others who give recommendations, directions, or instructions to engage in risk evaluation or loss control activities regarding any CSNJ facility or events held at such facility and each of them, their directors, officers, agents, employees, all for the purposes herein referred to as "Release"...FROM ALL LIABILITY TO THE UNDERSIGNED, my/our personal representatives, assigns, executors, heirs and next to kin FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF ANY INJURY, INCLUDING BUT NOT LIMITED TO THE DEATH OF THE PARTICIPANT OR DAMAGE TO PROPERTY, ARISING OUT OF OR RELATING TO THE EVENT(S) CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.

5. I/WE HEREBY acknowledge that these activities are potentially dangerous and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.

6. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

7. On behalf of the participant and individually, the undersigned partner(s) and/or legal guardian(s) for the participant executes this Waiver and Release. If, despite this release, the participant makes a claim against any of the Releases, the parent(s) and/or legal guardian(s) will reimburse the releasee for any money which they have paid to the participant, or on his behalf, and hold them harmless.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

CSNJ Facility: 22 Madison Rd  Gardner Rd  (check one)

Parent or Guardian Name (print): \_\_\_\_\_

Parent/Guardian/Participant Signature: \_\_\_\_\_

Email of Parent: \_\_\_\_\_

Printed Name of Participant \_\_\_\_\_

Address of Participant: \_\_\_\_\_

Phone Number of Participant: \_\_\_\_\_

Received by \_\_\_\_\_  
Registrar Signature