

**RELEASE OF LIABILITY FOR ST LUKE'S EPISCOPAL CHURCH & OTHER INVITED
GUESTS -- HIGH SCHOOL OVERNIGHT**

I am the parent/guardian of _____, and give my permission for my child to travel on foot from ST.LUKE'S CHURCH to attend the **Dinner on Bloomfield Ave** and return to St. Luke's for a movie, manhunt and more overnight on **FRIDAY, MAY20th, 2016** PLEASE arrive at St.Luke's by 6PM FRIDAY EVENING.

I am responsible for picking my child up after the event AT THE CHURCH SATURDAY MORNING at 10am. My child also must comply with the field trip/retreat rules and procedures. By granting this permission, I also waive any claims against, and release and hold harmless, of all parishes, the Diocese of Newark, and any of their religious, employees, volunteers, agents, and representatives, from any harm that occurs to my child while participating in the field trip.

Cost: \$15

In the event my child requires medical treatment or transportation for medical care, **St. Luke's Episcopal Church** will attempt to contact me at the number(s) listed below. If they are unable to reach me, **St. Luke's Episcopal Church** may contact the designated emergency contact at the number(s) listed below. If the chaperones, volunteers, or other adult supervisors are unable to reach the designated emergency contact, I authorize them to take appropriate measures to provide care and treatment for my child, to transport my child to the nearest emergency room or physician's office, or to call an emergency paramedic ambulance service.

Parent/Guardian's Signature _____ Date _____

Parent/Guardian (Print Name)

Emergency contact (Print Name)

Phone Numbers :

Home _____

Cell _____

Work _____

Phone Numbers:

Home _____

Cell _____

Work _____

My Child is covered by the following medical insurance:

Insurance Co. Name: _____

Group # _____

Allergies: _____

Chronic/Acute Illnesses: _____