



**HOLY FAMILY
PARISH**

3450 Sycamore Drive
Stow, OH 44224-3999

PARTICIPATION CONSENT FORM

I/We, as parents or legal guardians of _____, do hereby grant permission for our child to participate in the Holy Family Reconciliation Retreat for second graders to be held on Saturday, November 16, 2013, and the Jesus Day Retreat to be held on Saturday, April 5, 2014. These events will be held in the Father Szabo Parish Center from 9:00-11:00 a.m. or 12:00-2:00 p.m.. I understand that I will be responsible for my child's transportation to and from each event.

My child has the following food allergies _____

In case of an emergency, I can be reached at _____
(phone number)

(cell phone number)

If I cannot be reached, please call _____

(phone number)

I agree, by my signature, to release, absolve, indemnify, and hold harmless the Holy Family School and Parish, its employees and agents, The Roman Catholic Diocese of Cleveland, the Bishop of the Diocese of Cleveland, their successors and assigns, from all debts, claims, demands, costs, expenses, damages, actions and causes of actions, and I waive all claims of any kind against those mentioned above.

Parent/Guardian Signature

Date