PARENT PERMISSION AND WAIVER FOR HIGH SCHOOL MINISTRY EVENT PARTICIPATION

Event: FRIENDSGIVING

Questions? Please contact Angela (717)982-3875

Dear Parent or Legal Guardian: Your child is eligible to participate in a High School Ministry activity away from the Church/School campus. This activity will take place under the guidance of parent volunteers of Seven Sorrows BVM Parish.

Date: Saturday, November 15th, 2025 Destination: Church/Gym Time: 4:15pm - 8:30pm Method of Transportation: NA Cost: Food Donation - See Sign up Genius link on file If you would like your child to participate in this event, please complete and sign the Consent & Waiver section below and return to: youthministry@ssbvm.org or to the Parish office. **CONSENT and WAIVER** I hereby request the participation of my child: _____Grade _____ ___Grade ____ Grade Grade ___ In the event described above. I understand this event will take place off the parish/school grounds and that my child will be under the supervision of the designated parent volunteers with current Diocesan clearances on the stated date. I further consent to the conditions stated above on participation in this event. I hereby agree on behalf of the names student(s) and his/her other parent or legal guardians to waive any claims against the parish, the Diocese of Harrisburg (and any diocesan or parish officer, agent or employee) which may arise from the participation of the named student in the above-described event. Parent's Printed Name: ___ _____Cell #____ Parent Signature: ____ _____Date: ____ Parent Email: ___ I would like to be a parent chaperone _____Yes, I give permission for photos of my child to be used on our Parish website and/or social media.