

## Parent Permission Form for Quo Vadis

### Dear Parent or Legal Guardian:

Your son is eligible to participate in a parish-sponsored activity requiring transportation to a location away from the parish premises. This activity will take place under the guidance and supervision of employees from the Diocese of Gaylord. A brief description of the activity follows:

**Event:** Quo Vadis

**Destination:** Ralph A Macmullan Conference Center (RAM Center) in Roscommon, MI

**Parish Supervisors of Activity:** Father Benjamin Rexroat

**Date & Time of Arrival:** Thursday, July 31 from 9:00 am-11:00 am

**Date & Time of Departure:** Saturday, August 2 at 2:00 pm

**Transportation:** Parent

**Cost:** \$100.00 (checks can be made out to the Diocese of Gaylord)

If you would like your youth 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 youth.

### ----- 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 parish grounds and that my child will be under supervision of the designated parish 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 retreat, I agree to indemnify and hold harmless the Diocese of Gaylord, any and all affiliated organizations, their employees, agents and representatives, including volunteer and other drivers, from any and all claims, including negligence, arising from or relating to my child's participation in this retreat. This indemnification and hold harmless agreement does not apply to claims for intentional misconduct or gross negligence.

- As parent/guardian of the youth named above, I understand that promotional pictures and videos (individual and group) may be taken during this event. I give permission for my child's picture, name, age, comments, parish/school and city, to be used for news and promotional materials (including, but not limited to, print, web pages, calendars, power point, audio, video, broadcast, etc.) for the Diocese of Gaylord.
- I do not wish photos of my child to be used in the Parish publications.

\_\_\_\_\_  
(Print Parent's Name)

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)

Please return this form with the Medical Release Form to the Vocations Office  
([vocations@dioceseofgaylord.org](mailto:vocations@dioceseofgaylord.org)) by Friday, July 4<sup>th</sup>, 2025