

**PARENT PERMISSION FORM  
FOR CHILD'S PARTICIPATION IN PARISH ACTIVITY**

Dear Parent or Legal Guardian:

Your child is eligible to participate in a catechetical or youth ministry sponsored activity requiring transportation to a location away from the parish premises. This activity will take place under the guidance and supervision of employee(s) and/or volunteer(s) from St. Kieran Parish. A brief description of the activity follows:

Name of Event: **Escape Room**

Destination: **Xtreme Escape Rooms**

(14620 23 Mile Rd., Shelby Charter Township, MI 48317)

Designated Supervisors of Activity: **St. Kieran Youth Ministry Team**

Group: **SKY**

Date and Time: **December 29, arrive to Xtreme Escape Rooms by 6:15pm  
Leave around 7:45pm**

Method of Transportation: **Parents drive teens or teens drive themselves**

Cost: **\$26.50 (\$25 ticket plus venue's \$1.50 fee)** – *payment should be made at the event with either cash or card*

If you would like your child to participate in this event, **please complete this page and email it back to Austin Schneider ([austin@stkieran.org](mailto:austin@stkieran.org)) or text a picture of the entire page to Austin at 586-242-0980 by December 27.** *Spaces are limited, so sign up soon! Payment can be made at the event with either cash or card.*

**STATEMENT OF CONSENT**

I hereby consent to participation by my child, \_\_\_\_\_ in the event described above scheduled for **December 29, 2021**. I understand that this event will take place away from the parish grounds. 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 event, I agree to indemnify and hold harmless St. Kieran Parish, any and all affiliated organizations, its/their employees, agents, representatives volunteers and drivers, from any and all claims I or my child may have, excluding claims for intentional misconduct or gross negligence, arising from or relating to my child's participation in this event.

I authorize St. Kieran Parish to obtain necessary medical treatment for my child in case of illness, injury or accident. My child has the following medical conditions or allergies about which a health care provider should be told:

\_\_\_\_\_

During this event I can be reached at ( ) \_\_\_\_\_ or ( ) \_\_\_\_\_

\_\_\_\_\_  
Print Parent's Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Name of Event: **Escape Room**

Destination: **Xtreme Escape Rooms**

(14620 23 Mile Rd., Shelby Charter Township, MI 48317)

Designated Supervisors of Activity: **St. Kieran Youth Ministry Team**

Group: **SKY**

Date and Time of Departure: **December 29, arrive to Xtreme Escape Rooms by 6:15pm  
Leave around 7:45pm**

Method of Transportation: **Parents drive teens or teens drive themselves**

Cost: **\$26.50**

CONTACT BEFORE EVENT:

Austin Schneider  
austin@stkieran.org

CONTACT DURING EVENT:

Austin Schneider  
586-242-0980

WHERE WE ARE:

**Xtreme Escape Rooms**  
14620 23 Mile Rd.,  
Shelby Charter Township, MI 48317

**KEEP THIS PAGE FOR YOUR INFORMATION!!!**