7 CHURCHES PERMISSION SLIP 2019

"7 Churches": Adoration Vigil Pilgrimage

Holy Thursday's Mass of the Lord's Supper ends with the Eucharist being transferred to separate location and exposed for Adoration. Many churches observe an Adoration Vigil for several hours after exposition. There is a tradition in which people prayerfully travel to multiple parishes attending adoration after adoration late into the night on Holy Thursday, a miniature pilgrimage that calls to mind the traveling for Passover that was tradition even before Christ's death and resurrection. We will be traveling by carpool to various churches in the immediate area to spend a short time of prayer in each. Traditionally, 7 churches are visited. We will be visiting 3 or 4, back between 11 and midnight, ending back at Mother Seton Parish.

Participant's name: _____ **Sex:** M F

Parent/Guardian's name: (both if applicable) _____

Home Address: _____

Home phone: _____ **Cell** phone: _____

I, _____ grant permission for my child, _____ to
Parent or guardian's name Child's name
participate in this activity or event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers.

Name of parish: Mother Seton Parish
A brief description of the activity follows:

Type of activity/event: 7 Churches: Adoration Vigil Pilgrimage
Destination of event: Local Parish Chapels
Individual in charge: Cathy McTighe
Date of Event: 4/18/19
Cost of the Event: Free
Estimated time of drop off: Drop off for Holy Thurs Mass at 7:30,
or around 8:30pm at Mother Seton to catch us after mass

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Mother Seton Parish, its officers, directors, employees and agents, and the Archdiocese of Washington, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Washington, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/Archdiocese.

Signature: _____ Date: _____ ←

SEE REVERSE SIDE FOR MEDICAL INFO

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: _____ Phone: _____
Family doctor: _____ Phone: _____
Family Health Plan Carrier: _____ Policy #: _____
Signature: _____ Date: _____ ←

Medications- Please initial **all that APPLY.**

_____ My child is taking medication at present **that he/she will need with him/her on this trip**. List name of medication on line below:

_____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of Washington, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be contacted at this number: _____

Signature: _____ Date: _____ ←