

Cost:  
**\$20**



Join the STM Youth Ministry for the

**STUDENT LEADERSHIP**

# **CAMP-OUT**

*at Chatfield Reservoir*

Grow in fellowship and formation at Chatfield for our annual servant leader campout!

**Sunday,  
September 1  
3:00PM**

TO

**Monday,  
September 2  
9:00AM**

**Questions? Contact 303.220.3388 or:**  
Cheyenne Secor at [cheyennes@stthomasmore.org](mailto:cheyennes@stthomasmore.org)  
or Greg Johnson at [gregj@stthomasmore.org](mailto:gregj@stthomasmore.org)



# ARCHDIOCESE OF DENVER

RISK MANAGEMENT PROPERTY/CASUALTY INSURANCE TRUST

RETURN COMPLETED FORM TO PARISH/SCHOOL/ECCLESIASTICAL ORGANIZATION

## FIELD TRIP AUTHORIZATION

The Parish/School/Organization is planning an activity off the premises (a "Field Trip"). We welcome your child's participation in the Field Trip, but before your child may participate, we require that you review and sign this authorization. Please return this form no later than: \_\_\_\_\_

Parish/School/Organization: St. Thomas More High School Youth Ministry

Child's name: \_\_\_\_\_

Destination and purpose of Field Trip: Student Leadership Camp out - Chatfield State Park

Date and time of departure: Sunday, September 1st, 2019, 3pm

Date and time of return: Monday, September 2nd, 2019, 9am

Designated supervisor (s): David Tschumper, Greg Johnson, and Cheyenne Secor

Cost: \$20 Method of transportation: STM bus or volunteer drivers

(or) I will transport my child to and from the destination: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

I understand and acknowledge that participation in the Field Trip involves inherent risks of injury to my child, including risks associated with transportation by motor vehicle. I acknowledge that this vehicle may be operated by a volunteer driver.

I authorize the Designated Supervisor(s) of the Field Trip to authorize and consent to any medical care for my child that he or she reasonably believes necessary, including, but not limited to, hospitalization or surgery. I agree to pay any expenses related to such medical care. I understand and acknowledge that the Designated Supervisor(s) of the Field Trip will attempt to obtain my permission by telephone before authorizing or consenting to any medical care for my child if time and conditions permit.

I understand and acknowledge that any medical expenses related to illness or injury to my child while on the Field Trip are not covered by any insurance program maintained by the Parish/School/Organization or the Archdiocese of Denver, and that I am primarily responsible for such expenses.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor (child).

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the above-named Parish/School/Organization, its officers, directors and agents, chaperones, or representatives associated with the event, and the Archdiocese of Denver from any claims arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the Parish/School/Organization, its officers, directors and agents, chaperones, or representatives associated with the event, and the Archdiocese of Denver for reasonable attorney's fees and expenses arising in connection therewith.

I hereby consent to my child's participation in the Field Trip. I have carefully read this Field Trip Authorization, and I understand and agree to each of the covenants and conditions set forth above.

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Emergency Telephone Number: \_\_\_\_\_