



Seton-La Salle Catholic High School

Learn, Grow, Belong - in Faith and Charity

In affiliation with the Sisters of Charity and the Christian Brothers

“LEVEL 3” RETREAT ~ PARENT PERMISSION FORM

I/We, the undersigned parent or guardian of _____ (student name, printed) do hereby give my/our permission for my/our child to participate in the **Level 3 Retreat** with Seton-La Salle Catholic High School on **Monday, December 19, 2011**. (**Forms due no later than 12/12/2011**)

I/We, understand that participating students:

- are to be on time to school on the date of their retreat, but they may wear appropriate “dress down” clothing on that date;
- are to attend their HR classes;
- will leave the building from the third floor, and follow the walkway to the Brother’s House (DYC Center) immediately after HR;
- will return to SLSHS immediately before the end of the school day;
- will be provided lunch & materials;
- may attend up to two (2) retreats per school year if they are underclassmen, and up to four (4) if they are upperclassmen – the retreat levels are dependent on previous attendance at SLSHS retreats, and *levels should not be repeated*;
- are encouraged to sign up and hand in fees early – space is strictly limited;
- are responsible for covering the cost of retreats, because they are not already covered in student fees. These are outlined below;
- are responsible for turning in all class/homework in a timely manner, and for making up any missed assessments, as outlined by their respective teachers. *Retreats are considered “field trips”, not absences.*

HOLD HARMLESS AND INDEMNIFICATION

In consideration of the agreement of Seton-La Salle Catholic High School to allow my/our child to participate in the said trip, and intending to be legally bound hereby, I/We agree to indemnify and hold harmless Seton-La Salle Catholic High School, its administration, the Campus Ministry/Retreat Team moderator, the Roman Catholic Diocese of Pittsburgh, Most Reverend Bishop Zubick, their successors and legal representatives, against any loss from any and all claims, demands and actions of law or in equity that may hereafter at any time be brought by my child, or anyone acting on his/her behalf, for the purpose of enforcing a claim for damages because of any injury (including death) to my child as a result of, or in any way related to his/her participation in the above mentioned trip, or his/her transit thereto.

I/We agree that in case of injury to my/our child, I/We will apply our hospitalization and/or accident insurance toward the payment of expenses incurred and will not look to Seton-La Salle Catholic High School, or the Roman Catholic Diocese of Pittsburgh for payment of any medical costs or injury related costs.

In witness whereof, I/We execute this hold harmless and indemnification agreement.

SEE OVER

(cont.)

Date _____

Parent/Guardian Signature _____

COST: \$15

*PLEASE RETURN PERMISSION FORM TO YOUR RELIGION TEACHER WITH
CASH/CHECK/MONEY ORDER FOR THE FULL AMOUNT – SPACE IS LIMITED – FIRST
COME, FIRST SERVED*