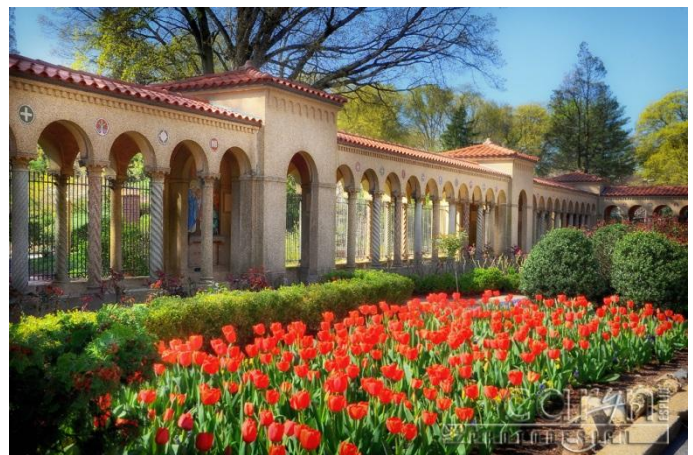


All Confirmation candidates must go on a pilgrimage with our St. Ignatius community. We have planned two bus trips to DC to visit the National Shrine of the Immaculate Conception



and the Franciscan Monastery.



The dates of our two Pilgrimages are:

August 7, 2018 or April 27, 2019
9 AM – 5 PM

Pilgrims can pack a lunch or buy it at the Shrine.

**ARCHDIOCESE OF BALTIMORE
DIVISION OF YOUTH & YOUNG ADULT
MINISTRY
PERMISSION FORM AND RELEASE**

Youth Name: _____ Youth cell: _____

Parent Name: _____ Home/cell phone: _____

Email address: _____

Address _____ City/State/Zip _____

Date of Birth: _____ Male Female (please circle)

In consideration of the wholesome recreational experience in which my son/daughter will participate, I as parent or guardian of my son/daughter do hereby agree to allow my son/daughter to attend the youth ministry/campus ministry group of their parish at: the Pilgrimage to DC, traveling by bus, on August 7, 2018 or April 27, 2019.

I am aware of the planned activities for this event. In consideration of the opportunity for my son/daughter to participate in the Program, I agree to RELEASE AND HOLD HARMLESS AND INDEMNIFY St. Ignatius of Loyola Church and the Division of Youth & Young Adult Ministry, the Roman Catholic Bishop of Baltimore and his successors, a Corporate Sole, and all their agents, servants and employees from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my son/daughter's participation in the Program.

I hereby grant permission to Carol Smith or a St. Ignatius chaperone to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that I cannot be reached. (Check one of the following:)

I am covered by hospitalization and medical insurance under policy # _____ issued by _____.

I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.

ADD any dietary restrictions: _____

Allergies: _____

I hereby grant permission to any staff person to provide the following over-the-counter drugs to my son/daughter if requested by him/her. Circle all that apply:

_ Tylenol _ Benadryl _ Advil _ Sudafed _ Neosporin _ Pepto Bismol

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the Division in writing. Please note that the Division has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

Date: _____

Parent Signature _____