PERMISSION SLIP

I, _____ give _____
(parent or legal guardian) (name of son or daughter)
permission to attend the PRIME TIME Hayride on Sunday, October 24, 2004.

I understand that the hayride will be held at Patterson Fruit Farms located at 8765 Mulberry Road, Chesterland, OH 44026 729-9809 (please write this down).

I understand that the trip will begin at 6:00pm and end at approximately 9:00pm. The Cost is $10/person which includes dinner.

I understand that transportation to and from Patterson Fruit Farms is my responsibility, and I will arrange for my child to be dropped off and picked up at the above listed times.

In consideration of my son/daughter being allowed to participate in the hayride, on behalf of my son/daughter, my spouse and myself, I hereby assume all risks in connection with the event, and I further release the Bishop of Cleveland, the Catholic Diocese of Cleveland, St. Noel Parish, Pastoral Staff and Adult Volunteers thereof of all claims of liability, damage or injury due to my son's/daughter's participation in the event.

_____ _____ _____
(signature of parent or legal guardian) (date) (emergency phone)

Cost is $10/person. Checks made payable to St. Noel Church.