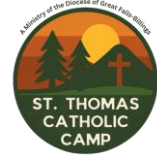




St. Thomas Camp



FIELD TRIP PERMISSION & RELEASE FORM

Participant/Child's Name: _____

Date of Birth: _____

Parent/Guardian's Name: _____

Home Address: _____

Phone Number: _____

I, _____, grant permission for my
Parent or Guardian's Name

child _____, to participate in the Camp event that
Child/Participant's Name

requires transportation away from St. Thomas Camp (outside of normal camp activities). This activity will take place under the guidance and direction of St. Thomas Camp Staff.

A brief description of the activity is as follows:

Type of event: Priestly Ordination

Date of event: June 25, 2026

Destination of event: St. Patrick's Co-Cathedral - Billings, MT

Estimated time of departure and return: 1:30 PM departure 11:59 PM return

Mode of Transportation: Charter Bus

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

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns to hold harmless and defend St. Thomas Camp/Roman Catholic Bishop of Great Falls, Montana, a corporation sole/the Diocese of Great Falls-Billings, 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 St. Thomas Camp/Roman Catholic Bishop of Great Falls, Montana, a corporation sole/the Diocese of Great Falls-Billings, its employees and agents and chaperones, or representatives 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 claims arises from the negligence of St. Thomas Camp/Roman Catholic Bishop of Great Falls, Montana, a corporation sole/the Diocese of Great Falls-Billings.

Signature _____ Date: _____