

**YOU MUST SIGN UP ONLINE IN ADVANCE FOR THIS EVENT.  
ONLY 8 SPOTS AVAILABLE (DUE TO SPACE RESTRICTIONS)**

**KARM Mission Dinner Service Project/Social Outing**  
**Sat. April 28, 2018**  
**3:15 a.m. to 9 p.m.**

We'll head downtown to serve lunch at the Knox Area Rescue Ministries Mission (KARM). KARM provides housing, meals and other services to Knoxville residents who are financially disadvantaged or homeless. Afterwards, we will have a social outing (TBD)

Service project is limited to 8 students (high school or middle school) and adults (due to space restrictions at the center).

What to do:

1. Sign up online at <http://signup.com/go/YXobGph>
2. Return the waiver below in advance or bring on the day of the project. You may also download a permission form at <http://www.allsaintsknoxville.org/youth-ministry>.
3. Please meet at All Saints at 3:15 pm. near the covered walkway to carpool. We will have a few adults assigned as drivers. We will carpool down to KARM to serve dinner. After our service, we will have an activity (TBD)
4. Please bring money for dinner.

Adult volunteers are needed!! Please contact Annie if you are willing to help with the project or drive.  
Any questions: Call Annie at 474-8609 or email [annieatallsaints@yahoo.com](mailto:annieatallsaints@yahoo.com).

Please cut and return the bottom portion of this form.

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**KARM Mission Dinner Service Project/Movie Outing**  
**Sat. April 28, 2018**  
**3:15 a.m. to 9 p.m.**  
All Saints Catholic Church  
Parental/Guardian Consent Form and Liability Waiver

Participants Name \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

I, \_\_\_\_\_ (Name of parent or guardian) grant permission for my child  
\_\_\_\_\_ (name of child) to participate in **KARM Mission Dinner Service Project/Outing**  
**on Sat. April 28, 2018.** I agree on behalf of myself, my child's other parent if known or living  
\_\_\_\_\_ (Name of other parent) to hold harmless and defend All Saints Catholic Church, The  
Diocese of Knoxville, The Archdiocese of Louisville, and its officers directors and agents, the chaperones, or  
representatives associated with the event, arising from or in connection with any illness, injury, death or cost of medical  
treatment in connection therewith, and I agree to compensate the Diocese of Knoxville, chaperones, or representatives  
associated with the event for reasonable attorney fees and expenses arising in connection therewith.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent Printed Name \_\_\_\_\_

Please check ONE of the following:

- My child is enrolled in Confirmation and has an up-to-date medical form.
- My child is not enrolled. Please contact Annie Nassis at [annieatallsaints@yahoo.com](mailto:annieatallsaints@yahoo.com) or 474-8609 to obtain a medical release form.