

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

**KARM Mission Dinner Service Project/Movie Outing
Wed. Jan 3, 2017
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.

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/ATxnHaB>
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 10:15 a.m. near the covered walkway to carpool. We will have a few adults assigned as drivers. We will carpool down to KARM to lunch. After our service and lunch, we will go to Breakout Knoxville to play an escape game.
4. Please bring money for dinner. We will cover the movie.

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.

Please cut and return the bottom portion of this form.

**KARM Mission Dinner Service Project/Movie Outing
Wed. Jan 3, 2017
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/Movie Outing
on Wed. Jan 3, 2017**. 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 or 474-8609 to obtain a medical release form.