

“Seek and you shall find.”

Digital Scavenger Hunt!!

Bring a **CAMERA**, jump in a **Car**, Capture your *Creativity* and be prepared for the **Craziness!**

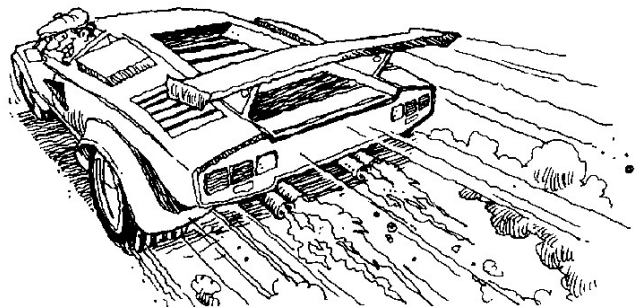
Time: Sunday, April 18th
12:30 – 4:00 PM
Meet at School,
Pick up at Lower Church



Bring: A fully charged digital camera, with enough room in the memory.
Some money for food (to get lunch, while you're out)
A readiness to be adventurous and enjoy the fun!

We will:

- **Meet at 12:30pm!!**
- **Form teams, join a car**
- **creatively photograph your team with as many items/places as possible**
- **Report back for prizes, picture slideshow and desserts!**



Slip: Return the attached permission slip to me **no later than April 12th** to get a spot.
(If I don't know you're coming on Tuesday, you may not have a spot in a car on Sunday)

Contact: Ed Rogers – 410 427 7511
erogers@stpius10.org

PERMISSION FORM AND RELEASE

Youth Name: _____ Home Phone: _____

Parent Name: _____ Cell Phone: _____

Other number where Parent can be reached: _____

Address: _____ City/State/Zip _____

Date of Birth: _____ Male Female (please circle)

In consideration of the wholesome recreational and learning experience in which they will participate, I as parent/guardian of my son/daughter, do hereby agree to allow my son/daughter to attend the following event. I also agree to allow pictures and videos to be taken of my child and used in promotion of youth ministry.

DIGITAL SCAVENGER HUNT

April 18th, 2010.

In consideration of the opportunity for my son/daughter to participate in the Program, I agree to RELEASE AND HOLD HARMLESS AND INDEMNIFY St. Pius X parish, 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 this Pilgrimage experience.

I hereby grant permission to any staff person 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 other medical information concerning medication, allergies, illness, etc.

ADD any dietary restrictions: -

Date

Parent/Guardian Signature