



SOUPER BOWL OF CARING

An illustration of a grey bowl filled with red soup, with a spoon sticking out of it. The bowl is positioned in the center of the 'SOUPER BOWL' text.

SUNDAY, FEBRUARY 2

Help tackle hunger by collecting donations for local soup kitchens!

There are two ways to volunteer:

Team A

9:00AM – 12:00PM

*Collecting donations
at grocery stores*



Team B

12:00PM – 2:00PM

*Sort collected
donations at STM*

Contact Greg Johnson at gregj@stthomasmore.org or 303.220.3388 x2
for more information.



ARCHDIOCESE OF DENVER

RISK MANAGEMENT PROPERTY/CASUALTY INSURANCE TRUST

RETURN COMPLETED FORM TO PARISH/SCHOOL/ECCLESIASTICAL ORGANIZATION

FIELD TRIP AUTHORIZATION

The Parish/School/Organization is planning an activity off the premises (a "Field Trip"). We welcome your child's participation in the Field Trip, but before your child may participate, we require that you review and sign this authorization. Please return this form no later than: Sunday, February 2nd 2020

Parish/School/Organization: St. Thomas More Parish

Child's name: _____

Destination and purpose of Field Trip: King Soopers/Safeway Souper Bowl of Caring 2019

Date and time of departure: Sunday, February 2nd 2020 9am

Date and time of return: Sunday, February 2nd 2020 12:30pm

Designated supervisor (s): Greg Johnson

Cost: no cost Method of transportation: Volunteer Adult Drivers

(or) I will transport my child to and from the destination: _____

Parent/Guardian Name: _____

Home Address: _____

Home phone: _____ Business Phone: _____

I understand and acknowledge that participation in the Field Trip involves inherent risks of injury to my child, including risks associated with transportation by motor vehicle. I acknowledge that this vehicle may be operated by a volunteer driver.

I authorize the Designated Supervisor(s) of the Field Trip to authorize and consent to any medical care for my child that he or she reasonably believes necessary, including, but not limited to, hospitalization or surgery. I agree to pay any expenses related to such medical care. I understand and acknowledge that the Designated Supervisor(s) of the Field Trip will attempt to obtain my permission by telephone before authorizing or consenting to any medical care for my child if time and conditions permit.

I understand and acknowledge that any medical expenses related to illness or injury to my child while on the Field Trip are not covered by any insurance program maintained by the Parish/School/Organization or the Archdiocese of Denver, and that I am primarily responsible for such expenses.

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

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the above-named Parish/School/Organization, its officers, directors and agents, chaperones, or representatives associated with the event, and the Archdiocese of Denver from any claims arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the Parish/School/Organization, its officers, directors and agents, chaperones, or representatives associated with the event, and the Archdiocese of Denver for reasonable attorney's fees and expenses arising in connection therewith.

I hereby consent to my child's participation in the Field Trip. I have carefully read this Field Trip Authorization, and I understand and agree to each of the covenants and conditions set forth above.

Parent or Guardian Signature: _____

Date: _____ Emergency Telephone Number: _____