



DIVINE MERCY
Catholic Parish

Unplanned Movie Night
Wednesday, May 15, 2019

Parent Permission Form

Date and Time: Wednesday May 15, 2019 5:30 PM to 7:15 PM Showtime.

Method of Transportation: Parent Responsibility.

Student Cost: FREE (Please bring extra money if you would like to purchase snacks at the theater).

Description: Students in the Confirmation class will be attending the new release of the Movie *Unplanned* which reveals the true events of the life of Abby Johnson. Abby was a director of a Planned Parenthood facility thinking she was “helping” mothers. Her eyes were opened when one day she was called in to accompany in an abortion. This movie has been a powerful tool in the pro-life movement and more women are having the courage to come out with their testimonies and abortion clinic workers are leaving their jobs at a rate as never seen before. There is no sexual content, bad language or nudity in this movie. The Rated R status is for the graphics and disturbance of the horror of abortion.

Other things to note: Because of this being a Rated R movie the following rules must apply

- Students **over the age of 17** will be asked for a driver’s license as identification at the door (or signed permission slip).
- Students **ages 13 to 16** who are not accompanied by an adult must have a parent signed permission slip
- Students **ages 7 to 12** will not be admitted without a parent present.
- Students **under the age of 7** will not be allowed into the theatre. (Motion Pictures Association of America’s law)

(Please return the bottom portion of this permission form to Lisa or Silvana by Friday, May 3, 2019 in order to have spots reserved for you/your family.

Event: “Unplanned” Movie (Rated R)

I, _____ give permission for my son/daughter (print names of child/ren) _____ to participate in the Youth sponsored event described above.

Please complete, sign, and send the following statement of consent and release of liability with your child. As a parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any actions taken by the named student(s).

I hereby request that my child/ren (above) participate in the event described above. I understand that this event may take place away from St. Aloysius facilities and that my child will be under the supervision of the stated supervisor and the designated chaperone(s) on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation. I hereby indemnify and hold harmless Saint Aloysius Parish, the Diocese of Madison, its officers, directors, and agents, Msgr. James Bartylla, and all drivers, employees and chaperones related to any accident or injury my child may sustain associated with this event. In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency treatment or surgery.

Parent Signature: _____ **Phone:** _____ **Date:** _____

I agree to follow all the rules of the event:

Student (Participant) Signature: _____ **Date:** _____

Names of Participants _____ **Ages:** _____

