

Parent Consent / Liability Waiver Form

Event: _____ Date: _____ Place: _____
Transport: _____ Departure Time _____ Return: _____
Cost: _____ Person in Charge: _____

YOUTH'S NAME: _____

BIRTH DATE: _____ GRADE: _____ Sex: _____

ADDRESS: _____ City: _____ Zip: _____

PARENT/GUARDIAN NAME: _____

HOME PHONE: _____ BUSINESS PHONE: _____

I, _____ grant permission for my child, _____ to participate in this event which requires transportation to a location away from the Parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers. I have read and I understand the attached letter containing details of the event.

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

I agree on behalf of myself, my child named herein, and our heirs, successors and assigns, to hold harmless and defend The Church of Saint Paul, its officers, directors, and agents, and the Archdiocese of Saint Paul and Minneapolis, chaperones, or representatives associated with this event, from any claims or lawsuits arising from, or in connection with my child attending this event, or in connection with any illness or injury, or cost of medical treatment in connection therewith, and I agree to reimburse the parish, it's officers, directors and agents and the Archdiocese, chaperones or representatives associated with the event, for reasonable attorney fees and expenses arising from such claims or lawsuits.

SIGNATURE: _____ DATE _____

Medical Matters: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, If you are unable to reach me at the above numbers contact:

NAME: _____ PHONE _____

INSURANCE CO. _____ POLICY # _____