

Parent/Guardian Consent Form and Liability Waiver
Diocese of Crookston & St. Philip's Church

Participant: _____ Grade _____ Sex: _____ Birth Date: _____

Address: _____ Parent/Guardian's Name: _____

Email: _____ Phone Number during event: _____

I, _____, grant permission for my child, _____, to participate in this
(parent/guardian's name) (child's name)

diocesan youth ministry event that requires transportation to a location away from _____ (parish).
This activity will take place under the guidance and direction of diocesan employees and volunteers from the parishes in the
Diocese of Crookston. A brief description follows:

Type of event: Diocese of Crookston High School Youth Rally
Location of event: Holy Rosary, Detroit Lakes, MN
Individual in charge: Diocesan Employees, Brady **Cost of Event:** \$20 plus \$5 for optional lunch
Borslien – Holy Rosary **When:** October 29th, 2017
Chaperone: Luke Alexander (St. Philips) **Mode of Transport:** School Bus

LIABILITY WAIVER

PARENT/GUARDIAN, ON BEHALF THE CHILD, HEREBY ASSUMES ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on part of the persons or entities being released, from dangerous or property owned, maintained, or controlled by them, or because of their possible liability without fault.

Parent/Guardian acknowledges that this Accident Waiver and Release of Liability Form will be used by the Diocese of Crookston, the parish listed above, its officers, directors and agents, chaperones, or representatives associated with the activity, and that it will govern my actions and responsibilities at said activity.

Parent/Guardian, on behalf of the child, heirs, executor and assigns, hereby:

- (A) WAIVES, RELEASE, AND DISHCARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for child's death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to child, including child's traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: The Diocese of Crookston, the parish listed above, and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;
- (B) INDEMNIFIES, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

Parent/Guardian acknowledge that The Diocese of Crookston, the parish listed above, and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

Parent/Guardian understands while participating in this activity, the child may be photographed. Parent/Guardian agrees to allow the child's photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

This waiver shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND CONTRACT AND I SIGN IT OF MY OWN FREE WILL. BY SIGNING MY NAME BELOW, I AGREE TO THE ABOVE TERMS AND CONDITIONS.

Parent/Guardian Signature: _____ **Date:** _____

MEDICAL MATTERS

I hereby warrant that, to the best of my knowledge, my child is in good health.

(Of the following statements pertaining to medical matters, initial only those that are applicable in the space provided.)

A. 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 treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above number(s), contact: **Parent/Guardian Initials:** _____

Name & Relationship: _____ Phone: _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy: _____ Group: _____

B. Other Medical Treatment:

In the event it comes to the attention of the Diocese of Crookston, the parish listed above, its officers, directors and agents, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, or diarrhea, I want to be called:

Initials: _____

C. Medications:

_____ **Initial here if:** My child is taking medications at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows: _____

_____ **Initial here if:** No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life threatening and emergency treatment is required.

_____ **Initial here if:** I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

D. Special Medical Information:

The Diocese of Crookston and the parish listed above, will take reasonable care to see that the following information will be used only for its intended purpose shall not be released to a third party unless necessary for medical treatment of the child.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Has child recently been exposed to contagious disease or conditions, such as mump, measles, chicken pox, etc.? If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____

CODE OF CONDUCT AND PARENT PERMISSION

The code of conduct for all those participating in this event is one of Christian kindness, respect, and hospitality. It is our goal that each participant be a witness of Jesus' love for all people. Any infraction of the rules may result in the youth's parent/guardian being notified to bring them home immediately. Please read through this section carefully before signing it.

Completion of this agreement is mandatory for attendance.

No student may use or possess alcoholic beverages and/or illegal drugs or substances, including tobacco.

Participants are required to follow the schedule and participate in programs and activities unless exempted for medical reasons. Participants and their parents/guardians will be responsible to make restitution for any damages they cause to properties utilized as part of the activity. This includes graffiti, physical damage to the facilities, and the property of others.

I have read the above Code of Conduct and agree to abide by it. I give my child permission to participate in the Diocese of Crookston Ignite Middle School Youth Rally on Sunday, March 19th, 2017. I also give permission to the adult leaders from the parish listed above to provide transportation for my child to and from the Youth Rally if necessary. By signing my name below, I agree to the above terms and conditions.

Parent/Guardian Signature: _____ **Date:** _____