



Catholic Diocese of Sioux Falls

YOUTH MINISTRY:

One Day Event

PARENT/GUARDIAN CONSENT FORM & LIABILITY WAIVER

PARISH/SCHOOL: _____ CITY: _____

Activity : _____ Type of Event: _____

Date of Event: _____ Time of Departure: _____ Time of Return: _____

Location of Event: _____ Mode of Transportation To/From Event: _____

Group Leader for Event: _____ Mobile Number: _____

Participant's Name: _____

Date of Birth: _____ Sex: Male _____ Female _____

Parent/Guardian Name: _____

Home Address: _____

Home Phone: _____ Alternative Phone: _____

I, _____ grant permission for my child, _____ to participate in the parish event detailed above that requires transportation away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from the parish listed above. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor (participant).

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the parish/school listed above, its officers, directors, employees and agents, and the Catholic Diocese of Sioux Falls, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child's participation or attendance at the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents and the Catholic Diocese of Sioux Falls, its employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

I hereby give permission for images of my child, captured during the above named event, through video, photo and digital camera, to be used solely for the purposes of promotional material and publications within the parish/school and/or the Catholic Diocese of Sioux Falls, and waive any rights of compensation or ownership thereto.

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. 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 numbers at the above numbers, contact:

Emergency Contact Name: _____

Relationship to Participant: _____ Phone: _____

Family Doctor: _____ Phone: _____

Health Plan Carrier: _____ Policy #: _____

Specific Medical Information:

Allergies (medication, foods, plants, insects, etc.): _____

Current Medications: _____

Other Special Medical Conditions: _____

Parent/Guardian Signature: _____

Date: _____