

DIOCESE OF COVINGTON
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's Name _____

Birth Date _____ Sex _____

Parent/Guardian's
Name _____

Home Address _____

Home Phone _____ Business Phone _____

I, _____, grant permission for my child _____, to participate in this diocesan/parish youth ministry activity as described below that requires transportation to a location away from the parish sites. This activity will take place under the guidance and direction of diocesan/parish employees and/or volunteers from _____ (diocese/parish). If transportation is required during this activity, I give permission for my child _____ to ride with a driver 21 years or older.

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 (name of parish) _____, its officers, directors and agents, and the Diocese of Covington, chaperons, or representatives associated with the activity for any claim or damages to any person or property, arising from or in connection with my child attending the activity or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents and the Diocese of Covington, chaperons, or representative associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

Parent/Guardian Signature _____ Date _____
(if under 18 yrs. of age)

Participant's Signature _____ Date _____

Activity Information

Activity _____ **Date** _____ **Cost \$** _____

Location _____ **Phone (emergency)** _____

Starting Time _____ **Meeting Place** _____

Ending Time _____ **Meeting Place** _____

Type of Transportation _____ **Contact Person** _____ **Phone** _____

Other Information _____

MEDICAL INFORMATION

Completed By Parent or Guardian – Please Print

Child's Name _____ Birthdate _____

Allergies _____

Medications _____

Chronic Conditions (e.g. epilepsy, diabetes) _____

Medical Insurance Company _____ Policy Number _____

Member's Name _____ Home Phone _____ Work Phone _____

Family Doctor _____ Phone _____

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