

Date: \_\_\_\_\_

## PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**A brief description of the activity follows:**

Type of Event: Junior High NET Overnight Retreat

Location of event: St. Charles Borromeo Catholic Church

Individual(s) in charge: Katie Slonina

Date and time of event: November 16-17, 2pm (Sat)-4pm (Sun)

Mode of Transportation (if travel is involved): NONE

~~I, (Parent/Guardian) \_\_\_\_\_, grant permission for my child,  
\_\_\_\_\_, to participate in this organization-sponsored event that  
requires transportation to a location away from the organization site. This activity will take  
place under the guidance and direction of organization employees and/or volunteers from St.  
Charles Borromeo Catholic Church.~~

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant.

I, as parent/guardian of the undersigned minor, hereby consent and agree to hold harmless St. Charles Borromeo Catholic Church and/or the Roman Catholic Diocese of Lafayette-in-Indiana, Inc., and any and all employees or volunteers thereof, for any accident, injury or occurrence arising out of, or in connection with the activity and our child's event.

I give permission for my son/daughter, in case of an emergency, to be taken to a physician or hospital by either a parent in charge or by parish personnel. I understand that every effort will be made to contact me. If I cannot be reached, I hereby give permission to the physician selected by the parish member in charge or adult chaperone(s) to secure proper treatment for my son/daughter.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-See Reverse side for Medical Release-

Participant's Name: \_\_\_\_\_

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, if you are unable to reach me at the above numbers, contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Specific Medical Information:**

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

Does child have a medically prescribed diet? \_\_\_\_\_

Special Medical conditions of my child you should be aware of: \_\_\_\_\_

**Photograph and Video Consent:** From time to time, pictures and video may be taken of youth ministry/parish events and gatherings. We would like to be able to use these photographs and videos for flyers, parish and diocesan publications, and the church website. Written consent of both the student and parent/guardian is required. Names will not be posted unless written authorization is given by the student and parent/guardian, and then only first names will be used. If there are concerns about pictures or videos posted on the website, please contact the organization or webmaster, and they will promptly be removed.

I, the parent/guardian of (youth's name) \_\_\_\_\_ authorize and give full consent, without limitation or reservation, to St. Charles Borromeo and/or Diocese of Lafayette-in-Indiana to publish any photograph or video in which the above named youth appears while participating in any program associated with St. Charles Borromeo and/or Diocese of Lafayette-in-Indiana. There will be no compensation for use of any photograph or video at the time of publication or in the future.

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_