

**PARENTAL/GUARDIAN CONSENT FORM, RELEASE,
AND LIABILITY WAIVER – INCLUDING HIGH-RISK AND
ADVENTURE ACTIVITIES**

Participant's name: _____

Birth date: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Cell phone: _____

I, _____ grant permission for my child, _____

Parent or guardian's name

Child's name

to participate in this activity or event that requires transportation to a location away from the parish site. Except for activities conducted through a third-party provider, this activity will take place under the guidance and direction of parish employees and/or volunteers from St. Anthony's Catholic Church, North Beach.

Name of parish/department

A brief description of the activity/event (which may involve **high-risk/adventure activities**) follows:

Type of activity/event: _____

Destination of event _____

Individual in charge: _____

Estimated time of departure and return: _____

Mode of transportation to and from event: _____

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). On behalf of myself and the participant, I hereby fully release, and waive any and all claims against, the Archdiocese of Washington, its parishes, directors, employees, agents, chaperones, and representatives associated with the activity/event (collectively, "Archdiocese"), as set forth below in more detail.

I understand that **this activity/event may involve high-risk activities, with an increased risk of personal injury**. I further understand that a separate, location-specific release and liability form(s) ("Location-Specific Release") may be required by the thirdparty provider(s) of the high-risk activities ("Third-Party Provider"). I agree that it is my obligation to read the Location-Specific Release and carefully consider the risks involved before signing.

With appreciation of the dangers and risks associated with this activity/event and all related activities, on my own behalf and on behalf of the participant, I hereby fully and completely release and waive any and all claims, including—but not limited to—those for personal injury, death, or loss, that may arise against the Archdiocese of Washington and I hereby further agree that the full scope of the Location-Specific Release's waiver and release language shall also encompass any potential claims against the Archdiocese of Washington related to this activity/event, such that the Archdiocese of Washington is released from any and all claims at least to the same extent as the Third-Party Provider.

On behalf of myself and on behalf of the participant, I hereby fully and completely release and waive any claims against the Archdiocese relating to and/or arising out of the activity/event, to the fullest extent allowed by law.

I agree on behalf of myself, my child named herein, and our heirs, successors, and assigns, to hold harmless and defend St Anthony's Catholic Church, North Beach, its officers, directors, employees and agents, and the Archdiocese of Washington, its employees and agents, chaperones, and representatives associated with the event, from any claim arising from or in connection with my child attending the activity/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, its officers, directors and agents, and the Archdiocese of Washington, its employees and agents and chaperones, or representatives associated with the event, for reasonable attorneys' fees and expenses which may incur in any action brought against one or more of them as a result of such injury or damage.

By signing below, I represent and warrant that I am the parent or legal guardian of the participant and have authority to sign this consent, release, and waiver.

Signature: _____ Date: _____

Participant's name: _____

Birth date: _____

Parent/Guardian's name: _____

Parent/Guardian's cell phone: _____

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. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

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 & relationship: _____

Phone: _____ Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of Washington, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: _____ Date: _____

Medications: My child is taking medication 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: _____

Signature: _____ Date: _____

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.

Signature: _____ Date: _____

I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: The parish will take reasonable care to see that the following information will be held in confidence.

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

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting? _____

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

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

