

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER
8th-12th Grade Lock-In...Please Return to the Parish Office by November 3

Participant's name _____

Birth date _____ Male/Female _____

Parent/Guardian's name _____

Home address _____

Cell Phone _____ Home Phone _____

Email _____

I, _____, grant permission for my child, _____,
(Parent or guardians name) *(child's name)*

to participate in the 8th-12th grade Lock-In. This activity will take place under the guidance and direction of parish employees and volunteers from Sts Anne & Joachim. A brief description follows:

Type of event: 8th-12th Grade Lock-In
Destination of event: Sts. Anne & Joachim
Individual in charge: Susan Ripplinger
Date of event: Saturday November 6, 4:30 p.m. - Sunday 7:30 a.m.
Cost of event: \$10

As a 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 Sts. Anne & Joachim and the Diocese of Fargo, its directors, agents, chaperons, or representatives associated with the event, arising from or relating to my child attending the event or regarding any illness, injury or cost of medical treatment, and I agree to compensate Sts. Anne & Joachim and the Diocese of Fargo, its directors, agents, chaperons or representatives associated with the event for reasonable attorney's fee and expenses arising in connection therewith.

Signature _____ Date _____

Emergency Contact _____ Cell Phone _____

Doctor's Name _____ Phone _____

Allergies/Medical Concerns _____

Medications _____

Insurance Company _____ Policy # _____