

**St. Joseph's Youth Ministry and Faith Formation
9th Grade Service To Our Senior Citizens**

PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER

Participant's Name: _____

Grade: _____ Sex: _____ School _____ Parent/Guardian's Name: _____

E-mail Address _____ Preferred Contact Phone # _____

Home Address _____

I, _____, grant permission for my child, _____, to participate in the event, sponsored by St. Joseph. This activity will take place under the guidance and direction of parish employees and volunteers from St. Joseph.

Type of event:	9th Grade service afternoons with our senior citizens
Location of the event:	The home of our senior citizens located in Moorhead, MN
Individuals in charge:	Melissa Hund-Cerna (701-367-3345)
Date of event:	November 3, 4-6 p.m. December 15, 4-6 p.m. January 12, 4-6 p.m. February 9, 4-6 p.m. March 8, 4-6 p.m. April 5, 4-6 p.m. May 3, 4-6 p.m (no transportation needed)
Transportation:	Personal vehicles of the parent Leaders. Each parent leader has completed the safe environment training required by the Crookston Diocese and is the same leader for each session

As a parent and/or 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 St. Joseph's, its officers, directors and agents, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate St. Joseph's, its officers, directors and agents, chaperones, or representatives associated with the event for reasonable attorney's fee and expenses arising in connection therewith.

Signature: _____ Date: _____