

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's Name: _____

Home Address: _____

City: _____ State/Zip: _____ Home Phone: _____

Email: _____ @ _____ Parish: _____

Date of Birth: ___ / ___ / ___ Gender: ___ Male ___ Female Grade in

School: _____

Parent/Guardian's Name: _____

Cell Phone: _____

Name of Event: Youth Mass

Date of Event: March 6, 2010

Location: LifeLine Youth Nights at the Net Center

Individual in Charge: Bryan Busch/Janelle Heikkila

Start: 6:00PM

Mode of Transportation To & From Event: Bus

I, _____, grant permission for _____
Parent or Guardian Name Child Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parishes, Shakopee Catholic Youth Ministry and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against the parishes/Shakopee Catholic Youth Ministry/Archdiocese of St. Paul & Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parishes, Shakopee Catholic Youth Ministry and the Archdiocese in defense of such a claim/suit.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact _____
Name Phone Number

MEDICAL INFORMATION:

Medication my child is taking at present _____

Allergies _____

Other Medical Conditions _____

Family Health Plan carrier number _____

Family Doctor _____ Phone Number _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Signature Date