

PARENTAL / GUARDIAN CONSENT FORM AND LIABILITY WAIVER



Participant's Name _____

Date of Birth _____ Male _____ Female _____

Parent /Guardian Name _____

Home Address _____

Contact Phone and Email _____

I, _____, grant permission for my child, _____

Name of parent or guardian

Child's name

to participate in this parish event. This activity will take place under the guidance and direction of parish employees and / or volunteers from St Michael's Poway.

A brief description of the activity follows:

Type of event: Year 1 Retreat

Date of event: November 17, 2018

Destination of event: St. Michael's Holy Family Center

Individual in charge: Bridget Lynch

Estimated time of departure and return: 11:00 a.m. to 5:00 p.m

Mode of transportation to and from event: Personal Transportation

COST: \$25.00
DUE: November 5, 2018
NO REFUNDS AFTER DUE DATE

As 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 St. Michael's Poway, its officers, directors, employees and agents, and the Diocese of San Diego, its employees and agents, chaperones or representatives associated with the event, from any claim arising from 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 Diocese of San Diego, its employees and agents and chaperones or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Signature _____ Date: _____

PHOTO/VIDEO RELEASE

I, _____ (parent/guardian) authorize the St. Michael's Poway, its representatives, or volunteers, to photograph or record on audio or video (tape or digital) _____ (participant) for purposes of furthering the mission of the St. Michael's Poway, who participate in Year 1 Retreat 11/17/2018 (event & date). Photos, audio, or video may be used in printed materials and any other visual display or media. I understand that such photos and/or video recordings will be used for OYM related purposes and will not be used for any commercial purpose whatsoever. I therefore hereby waive any kind and all rights I may have for remuneration of any kind that could otherwise accrue for the uses of such photos and/or audio or video recordings.

Signature _____ Date _____

Please completely fill out both side of this form

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.



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: _____

Name & relationship: _____

Phone: _____

Medications:

Is your child currently taking any medication(s)? Yes ___ No ___

If "yes," please list medication(s) and reason for taking medication(s).

Is your child allergic to any medication(s)? Yes ___ No ___

If "yes," please list medication(s).

Does your child have any special medical condition(s); (i.e., allergies, physical limitations, anxiety, fainting, or any condition you would like us to be aware of?) Yes ___ No ___

If "yes," please explain.

Signature of parent or guardian

Date