

Parish PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name _____ Birth date _____ Age: _____ Sex: _____

Street Address/City/State/Zip _____

Phone (home) _____ e-mail _____ other _____

Parent/Guardian name _____ work phone _____ other _____

I ask for and grant permission for my son/daughter _____ to participate in an event that requires transportation to a location away from the parish. This activity will take place under the guidance and direction of employees and volunteers from ___Saint Pater Claver___ parish.

What: Youth Group Ropes Course

**Where: Storrs Adventure Park,
Storrs Ct.**

When: May 20, 2018 Sunday

Time: 10:00am-4:00pm

Mode of Transportation: School Bus

**Cost: \$ 45.00 includes Entrance
Fee and Bus**

Person in charge from parish:

Laurie Janecko

While youth are responsible for his/her own behavior, as parent and/or legal guardian, I remain legally liable for any actions or damages made by the above named minor. I am aware that I will be called if my teen breaks any of the rules and has to be sent home. I agree on behalf of myself, my teen named herein, our heirs, successors, and assigns to hold harmless and defend.

Saint Peter Claver Parish, its officers, directors, agents, employees, representatives associated with this event from any and all liability claims, loss or damage arising from or in connection with my teen attending this event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the above named parish, its officers, directors, agents, employees, or representatives associated with the event for reasonable attorney fees and expenses arising in connection therewith.

I hereby warrant that to the best of my knowledge, my teen is in good health and I assume all responsibility for his/her health. In the event of an emergency and I can not be reached, I hereby give permission to transport my teen to a hospital or medical facility and to seek medical attention. I give permission for the administration of non-prescription medication - aspirin, throat lozenges or cough syrup - if deemed appropriate and if the situation is not life-threatening.

As the teen requesting permission to attend this activity, my signature below indicates that I am aware of my responsibility to actively participate and maintain the prescribed code of conduct for the safety and enjoyment of all.

Emergency contact person: Name _____ relationship _____ phone _____

Hospital Preference: Name _____ (town) _____

Doctor: Name _____ (phone) _____

Insurance: Company _____ Employer _____ Group# _____

Subscriber name _____ Subscriber # _____

Date of last tetanus shot: _____

Medications currently taking:(name and dosage) _____

Allergies: (medication, foods, plants, insects) _____

You should also be aware of these special medical/physical/mental conditions of my child (special diet, sleepwalking, fainting, nose bleeds, recent injuries, exposure to contagious diseases, etc):

Print name _____ Signature _____ Date _____

Student's Name _____ Signature _____