



PARENT/GUARDIAN CONSENT FORM & LIABILITY WAIVER

PARISH/SCHOOL: St Leo + St. Vincent CITY: Tyndall + Springfield
 Activity: Diocesan Youth Conference Type of Event: Youth Event
 Date of Event: Sat. Oct 21 Time of Departure: 6:00 AM Time of Return: 10:00 PM
 Location of Event: Brookings Mode of Transportation To/From Event: Car
 Group Leader for Event: Jolynn Weber Mobile Number: 660-7008

Participant's Name: _____
 Date of Birth: _____ Sex: Male _____ Female _____
 Parent/Guardian Name: _____
 Home Address: _____
 Home Phone: _____ Alternative Phone: _____
 I, _____ Parent/Guardian grant permission for my child, _____ Participants' Name to participate in the parish event detailed above that requires transportation away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from the parish listed above. 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 the parish/school listed above, its officers, directors, employees and agents, and the Catholic Diocese of Sioux Falls, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child's participation or attendance at the event 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/school, its officers, directors and agents and the Catholic Diocese of Sioux Falls, its employees and agents and chaperons, or representatives 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.

I hereby give permission for images of my child, captured during the above named event, through video, photo and digital camera, to be used solely for the purposes of promotional material and publications within the parish/school and/or the Catholic Diocese of Sioux Falls, and waive any rights of compensation or ownership thereto.

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. 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 numbers at the above numbers, contact:

Emergency Contact Name: _____
 Relationship to Participant: _____ Phone: _____
 Family Doctor: _____ Phone: _____
 Health Plan Carrier: _____ Policy #: _____

Specific Medical Information:
 Allergies (medication, foods, plants, insects, etc.): _____
 Current Medications: _____
 Other Special Medical Conditions: _____

Parent/Guardian Signature: _____ Date: _____