

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

FIELD TRIP

Participant's name: _____
 Birth date: _____ Sex: _____
 Parent/Guardian's name: _____
 Home address: _____
 Home phone: _____ Business phone: _____
 I, _____ grant permission for my child, _____

Parent or guardian's name

Child's name

to participate in this parish event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from St Rose of Lima.

Name of parish

A brief description of the activity follows:

Type of event: Retreat
 Destination of event: New Frontiers
 Individual in charge: Director of Youth Ministry
 Estimated time of departure and return: 8:00 Am 10/22/11 - 10:30 Am 10/23/11
 Mode of transportation to and from event: Car pool

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 Rose of Lima, its officers, directors, employees and agents, and the Arch/Diocese of Nashville, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending 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, its officers, directors and agents, and the Arch/Diocese of Nashville, its employees and agents and chaperons, 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: _____