

**PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

**Ss. John & Paul Pumpkin Patch!**

Participant's Name: \_\_\_\_\_

Participant's Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_  
Parent/Guardian's name (Print) Youth's Name (Print)

to participate in this youth group event. This activity will take place under the guidance and direction of Parish employees and/or volunteers from Ss. John & Paul Catholic Church.

A brief description of the activity follows:

Type of event: \_\_\_\_\_ Pumpkin Patch and Corn Maze \_\_\_\_\_

Purpose of event: \_\_\_\_\_ Fall Fellowship! \_\_\_\_\_

Destination of event: \_\_\_\_\_ Geisler Farms - 5251 NE 94th Avenue Bondurant, IA 50035 \_\_\_\_\_

Individual in charge: \_\_\_\_\_ Liz Donner and Joan Ammons \_\_\_\_\_

Estimated time: \_\_\_\_\_ 6:30pm-8:00pm \_\_\_\_\_

Cost to be paid by the youth: \_\_\_\_\_ \$8 \_\_\_\_\_

Transportation: \_\_\_\_\_ Please provide your own \_\_\_\_\_

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor (youth/participant).

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Ss. John & Paul Catholic Church, its officers, directors, employees and agents, and the Diocese of Des Moines, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Des Moines, its employees and agents and chaperones, 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.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact : \_\_\_\_\_

Phone: \_\_\_\_\_