

Catholic Community of St. Charles Borromeo & Holy Redeemer

Parental/Guardian Consent/Liability Waiver

AMOR DEI 2019

Method of Transportation: (Chaperone volunteers)

Dates & Times:

(June 16-19)

Leader/Supervisor:

(Fr. Tim Biren & Dennis Kunkel)

Location/Destination: (Mankato, MN Cost + Due Date:

(\$50 and due on May 15)

I, _____, grant permission for _____ to participate in this parish event which 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 Catholic Community of St. Charles Borromeo and Holy Redeemer.

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 Catholic Community of St. Charles Borromeo and Holy Redeemer, its officers, directors, employees and agents, and the Diocese of Winona-Rochester, 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 Diocese of Winona-Rochester, 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.

Student Information:

Name _____

Mobile Number (optional) _____

Email (optional) _____

T-Shirt xs s m l xl xxl

Sex Male/Female

Text? Yes No

For event specific updates

Parent/Guardian Information:

Name _____

Contact Number _____

Primary E-mail (optional) _____

Relationship _____

Text? Yes No

For event specific updates

Emergency Contact Information: (in case we cannot contact you)

Name _____

Primary # _____ **Secondary #** _____

Emergency Medical Information:

___ I have filled out and turned in an Emergency Medical Form, no changes/updates are necessary

___ I need to make changes to my previously turned in Emergency Medical Form

___ I need to turn in an Emergency Medical Form

As a parent/guardian I agree to all the above stated considerations and conditions.

Parent/Guardian Signature _____ **Date** _____

Office use only:

___ Paid (Cash/Check# ___/___) ___ Accounting Spreadsheet ___ Flocknote ___ Event Participation List

___ Event Folder ___ Emergency Medical Form ___ Photo Opt-out