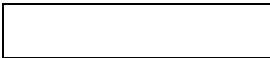


Parent/Guardian Permission and Liability Waiver



Description of Activity/Event:

Date(s):

Type of Event:

Arrival/Departure Time:

ER Phone Number: Alonso Torres (803) 420-7891, Bobby Joseph (803) 427-2600,
John Bull (719) 684-3907, Kelli Byrnes (704) 641-4524.

Destination:

Individual In Charge: Alonso Torres, John Bull, Bobby Joseph, Kelli Byrnes.

Mode of Transportation:

Participant Information:

Participant's Name: _____

Birth Date: _____ Age: _____ Gender: _____

Parent/Guardian's Name _____

Full Address: _____

Home Phone: () _____ Business Phone: () _____

Adult Shirt Size: ___ S ___ M ___ L ___ XL ___ 2X ___ 3X

Permission to Participate:

I, _____, attest that I am the parent or legal guardian of this participant,

Parent or Guardian's Name

and I grant permission for my child, _____ to participate

Child's Name

in this parish youth ministry 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 _____.

Parish Name

Hold Harmless Agreement:

As parent/legal guardian, I agree to be legally responsible for any personal actions taken by my son/daughter named above. In the event of a serious violation of the rules of conduct, I understand that he/she may be sent home at my expense, but you will be notified and logistics discussed with you in advance.

I agree on behalf of myself, my son/daughter named herein, our heirs, successors and assigns to indemnify, hold harmless and defend _____,

Parish Name

and the Diocese of Charleston, their officers, directors and agents (collectively, the "Diocesan Parties") from any liability for illness, injury or death arising from or in connection with my son/daughter attending the above named activity/event, except that such obligations shall not apply in the event of the gross negligence or intentional acts of the Diocesan Parties.

Signature of Parent/Guardian: _____ *Date:* _____

Permission To Be Photographed:

I give my permission for my child, _____, to be photographed at this event and understand that the photographs may be used for publicity, etc. ___ Yes ___ No

Signature of Parent/Guardian: _____ *Date:* _____

Side A

MEDICAL CONSENT AND PERMISSION TO TREAT

Release of Information:

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 give permission to transport my child to a hospital or emergency treatment facility. I wish to be advised prior to any further treatment by the medical professionals, but I do not want treatment to be withheld if neither I nor any emergency contact I have named below can be located and the injury is life-threatening or the failure to provide treatment is likely to result in permanent injury.

I hereby grant medical personnel permission to release medical information to the Diocesan Director and/or my parish youth minister in the event that my child becomes ill or injured.

Signature of Parent/Guardian: _____ *Date:* _____

Insurance Information:

Insurance Carrier: _____ Policy Number: _____

Emergency Contact Information:

Parent/Guardian's Name: _____

Full Address: _____

Home Phone: () _____ Business Phone () _____

If you are unable to reach me, please contact:

Name: _____

Relationship to me or my son/daughter: _____

Medical History:

My son/daughter is under the care of a medical provider. _____ Yes _____ No

Provider Name: _____ Phone Number: () _____

My son/daughter is taking medication and will bring all medication with him/her and it will be clearly labeled. My son/daughter is taking the following medication(s) and directions for taking this medication, including dosage, frequency and storage are as follows:

I hereby grant permission for non-prescription medication (such as cough drops, cough syrup, Tylenol, etc.) To be given to my child if necessary. _____ Yes _____ No

My son/daughter is allergic to the following: _____

My son/daughter's immunizations are current and up to date _____ Yes _____ No

My son/daughter has the following limitations: _____

My son/daughter experiences homesickness, emotional reactions to new situations, sleepwalking, fainting, bedwetting, etc. _____ Yes _____ No

Please explain: _____

Signature of Parent/Guardian: _____ *Date:* _____

Side B