

PARENT/LEGAL GUARDIAN CONSENT FORM AND LIABILITY WAIVER
St. Louise Youth Ministry

Your youth is eligible to participate in this Parish-sponsored Youth Ministry event that requires transportation to a location away from the Parish site. All activities will take place under the guidance and direction of employees and volunteers from St. Louise Parish. As parent and/or legal guardian, you remain fully liable for any legal responsibility which may result from any personal actions taken by the named participant.

- **Type of event:** Trip to Craven Farm Corn Maze in Snohomish, WA.
- **Date of the event and estimated time of departure and return:** Friday October 9, 2015. *Participants must be at St. Louise parking lot by 5:45pm. Our estimated time of return is 10:00pm.*
- **Destination of event:** 13817 Shorts School Road, Snohomish, WA 98290
- **Cost:** \$13
- **Individuals in charge:** Annarose O'Brien-Wilson, PA for Youth Ministry
- **Mode of transportation:** Carpool—If you are interested in driving and/or chaperoning this trip, please contact Annarose at annarose@stlouise.org or by phone at (425) 214-5465.

I hereby consent to participation by _____, my son/daughter, age _____. I do hereby release, absolve, indemnify and hold harmless the Catholic Archdiocese of Seattle, St. Louise Parish, and all the employees and volunteers involved in this event, nor shall said persons be held financially responsible for any injury, illness or death incurred as a direct result of the negligent acts or omissions of my child. I have read and understand the guidelines for all activities (on back page) and understand that if my child does not follow them, I will be called and asked to bring him/her home. I hereby grant full permission for event organizers to record any or all of my child's participation in this parish program event for photos, motion picture, TV, radio, videotapes, and other media known or unknown, and to use them no matter by whom taken, in any manner, for teaching, advertising, training and development of the parish program without any reimbursement or fee of any kind due to me or my child. I give permission for my son/daughter to be called by parish phone tree volunteers. I consent to these conditions and understand all terms including the mode of transportation.

(Print Parent/Guardian Name)

(Parent/Guardian Signature)

(Date)

In the event of an emergency, I hereby give permission to transport my child to a medical facility for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the facility or doctor. In the event of minor injury, I authorize minor first aid.

Parent/Guardian Phone (_____) _____ or (_____) _____

Insurance Co. _____ Policy # _____

In the event of an emergency, if you are unable to reach me at the above number, contact:

Name _____ Phone (_____) _____

Name _____ Phone (_____) _____

This permission slip & money are due by Thursday, October 8, 2015


See back page

You should be aware of these special circumstances or needs (e.g. allergic reactions, dietary restrictions, asthma or other medical conditions, identified disabilities, etc.) regarding my child that may require special attention by the program director or volunteer facilitators.

My child should NOT participate in any of the following activities:



Youth Ministry Event Policies

- Inappropriate behavior will not be tolerated. The leadership team reserves the right to define inappropriate behavior.
- Treat people and property with the utmost care and kindness.
- This is a drugs, alcohol, weapons, violence, gambling, and tobacco FREE event.
- Disrespectful behavior of any form is not tolerated.
- No leaving the event site without parent, staff or volunteer facilitators consent.
- Follow staff requests.

I understand that if I do not follow these policies, my parents will be contacted and I will be sent home and appropriate action will be taken.

(Candidate's Signature)



