

DIOCESE OF YAKIMA

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name _____

Birth date _____ Sex _____

Parent/Guardian's name _____

Home address _____

Home phone _____ Work phone _____

I, _____, grant permission for my child, _____,
Parent/Guardian name Child's name

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

A brief description of the activity follows:

Type of event _____

Destination of event _____

Individual in charge _____

Estimated time of departure and return _____

Mode of transportation to and from event _____

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 _____, its officers, directors & agents,
Parish/school/youth group

and the _____, chaperons, or representatives associated with the
(Arch)Diocese

event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the _____, -
(Arch)Diocese

chaperons, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Signature _____ Date _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.) I understand that my medical insurance is always primary.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. **Please be aware that your medical insurance is always primary.** In