

# Pax Christi Youth Ministry

## Parental/Guardian Consent/Liability Waiver

**Name of Event:** Confirmation 2 Retreat

**Method of Transportation:** Parent/Guardian

**Dates & Times:** Sat Oct 28, 2016 at 8:45am -

**Leader/Supervisor:** Dana Petricka and Brian Kusek

Sun Oct 29, 2016 at 11:30am

**Location/Destination:** Camp Victory (58212 403rd Ave), Zumbro Falls, MN **Cost + Due Date:** No cost, due Oct. 15

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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 Pax Christi Catholic Church.

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 Pax Christi Catholic Church, its officers, directors, employees and agents, and the Diocese of Winona, 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, 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.

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### Student Information:

**Name** \_\_\_\_\_

**Sex** Male/Female

**Mobile Number (optional)** \_\_\_\_\_

**Text?**  Yes  No

**Email (optional)** \_\_\_\_\_

For event specific updates

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### Parent/Guardian Information:

**Name** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Contact Number** \_\_\_\_\_

**Text?**  Yes  No

**Primary E-mail (optional)** \_\_\_\_\_

For event specific updates

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

**Name** \_\_\_\_\_

**Primary #** \_\_\_\_\_ **Secondary #** \_\_\_\_\_

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### 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 (*download at [www.paxchristichurch.org/forms](http://www.paxchristichurch.org/forms)*)

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

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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Office use only:

\_\_\_ Paid (Cash/Check# \_\_\_\_\_)

\_\_\_ Accounting Spreadsheet

\_\_\_ Flocknote

\_\_\_ Event Participation List

\_\_\_ Event Folder

\_\_\_ Emergency Medical Form

\_\_\_ Photo Opt-out

Updated Sep, 2017