

Pax Christi Youth Ministry

Parental/Guardian Consent/Liability Waiver

Name of Event: Confirmation 1 Pilgrimage

Method of Transportation: Bus

Dates & Times: Saturday, Nov. 4, 2017 from 8:30am - 9pm

Cost: Included in class registration fee

Location/Destination: Cathedral of St. Paul, Basilica of St. Mary

Due Date: Waiver due Oct. 27

Leader/Supervisor: Dana Petricka, Zach Rawson

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.

Student Information:

Name _____

Sex Male/Female

Mobile Number (optional) _____

Text? Yes No

Email (optional) _____

For event specific updates

Parent/Guardian Information:

Name _____

Relationship _____

Contact Number _____

Text? Yes No

Primary E-mail (optional) _____

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 (*download at www.paxchristichurch.org/forms*)

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

Updated October 9, 2017