

Pax Christi Youth Ministry

Parental/Guardian Consent/Liability Waiver

Name of Event: Middle School Service Week **Method of Transportation:** Car & Bus
Dates & Times: July 24-28, 2017 **Leader/Supervisor:** Zach Rawson
Location/Destination: Sites in Rochester & FMSC **Cost + Due Date:** \$65, June 15

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 _____
Mobile Number (optional) _____
Email (optional) _____

T-Shirt xs s m l xl xxl
Sex Male/Female
Text? Yes No
For event specific updates

Parent/Guardian Information:

Name _____
Contact Number _____
Primary E-mail (optional) _____

Relationship _____
Text? Yes No
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*)
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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