Parental/Guardian Consent Form & Liability Waiver

(This form is required for minors to attend an off property event or trip).

Applicant Information			
Participant's Name & E-mail Address:			Date of Birth:
Address:	City	State:	Zip:
Home Phone:	Parent/Guardian's Name & E-mail Address:		
Cell Phone:	Work Phone:	Other number where Parent/Guardian can be reached during event:	

Consent & Liability Waiver

Important! To be filled out by the Parent/Guardian for youth under 18 years of age and individuals age 18 or older and in high school.

In consideration of the program in which my son/daughter will participate, I, as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany (entity name) _____ to:

Event & Location:	Date & Time:
☐ Transportation Not Provided ☐ Transportation Provided	Method of Transportation:

I acknowledge that (entity name) _____ is providing transportation to and from (location) _____ to the event. I acknowledge and assume the risk of this transportation for my child. My child must comply with (entity name) _____ rules and procedures. By granting this permission, I also waive any claims against, and RELEASE AND HOLD HARMLESS AND INDEMNIFY, (entity name) _____, the Diocese of Orlando, any of their religious, employees, volunteers, agents and representatives from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my child's participation in the program.

_____ _____

Parent/Guardian Signature — Date

(must sign for any participant under 18 &/or 18 or older & in high school)

Participant: In signing the line below, I certify all the information on the trip form is complete and accurate, I also agree to abide by any/all policies established for this event/activity. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand there will be consequences for my actions, including being removed from the activity and being sent home at my parents/guardian's expense.

_____ _____

Participant's Signature — Date

Insurance Information			
☐ No, I do not carry medical insurance at this time. ☐ I do carry medical insurance at this time.			
Insurance Carrier:			
Name of Insured:		Insurance Policy Number:	
Father's Name:	Day Phone	Mother's Name:	Day Phone:

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.