

Sts. Anne & Joachim Catholic Church
8th-12th Grade Summer Retreat @Pelican Lake
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER
Registration Fee-\$75.00 Please return to the Parish Office by - July 26

Participant's name: _____

Birth date: _____ Male/Female: _____

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Cell phone: _____

Email Address: _____

I, _____ grant permission for my child, _____
(Parent or guardians name) (child's name)

to participate in the Summer Retreat that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and volunteers from Sts. Anne & Joachim. A brief description follows:

<u>Type of event:</u>	Summer Retreat
<u>Destination of event:</u>	Darrel & Julie Bachman's Lake Home
<u>Individual in charge:</u>	Sue Ripplinger
<u>Date of event:</u>	August 4-6, 2017
<u>Mode of transportation:</u>	Private Vehicles

As a 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 Sts. Anne & Joachim and the Diocese of Fargo, its directors and agents, chaperons, or representatives associated with the 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, and I agree to compensate Sts. Anne & Joachim and the Diocese of Fargo, its directors and agents, chaperons or representatives associated with the event for reasonable attorney's fee and expenses arising in connection therewith.

I give permission for the above named minor ("participant") to take part in water activities such as swimming, boating, tubing and water skiing.

Signature: _____ Date: _____
(Parent/Guardian)

Participants Medical Information

Insurance Company: _____

Policy Number: _____

Dr. Name: _____ Phone: _____

Allergies: _____

Current Medication(s): _____

Reason for Taking: _____

Chronic Medical Problems: _____

Emergency Contact-If unable to reach Parent/Guardian

Name: _____

Relationship to Participant: _____

Home Phone: _____ Daytime Phone: _____

Cell Phone: _____

Photography: Photos will be taken during this event.

_____ I give permission for my child's photo to be taken at this event. I understand that my child's photo may be made public to the parish through the bulletin, parish web-site or parish bulletin boards.

_____ I do not wish for my child's photos to be made public.

Signature: _____ Date: _____