

**PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**  
**8<sup>th</sup>-12<sup>th</sup> Grade Lock-In...Please Return to the Parish Office by November 1**

Participant's name \_\_\_\_\_

Birth date \_\_\_\_\_ Male/Female \_\_\_\_\_

Parent/Guardian's name \_\_\_\_\_

Home address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_,  
*(Parent or guardians name)* *(child's name)*

to participate in the 8<sup>th</sup>-12<sup>th</sup> grade Lock-In. This activity will take place under the guidance and direction of parish employees and volunteers from Sts Anne & Joachim. A brief description follows:

**Type of event:** 8<sup>th</sup>-12<sup>th</sup> Grade Lock-In

**Destination of event:** Sts. Anne & Joachim

**Individual in charge:** Susan Ripplinger

**Date of event:** Saturday November 4, 4:30 p.m. - Sunday 7:30 a.m.

**Cost of event:** \$5 & 1 Boxed Meal...*Hamburger, Tuna or Chicken Helper*

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, agents, chaperons, or representatives associated with the event, arising from or relating to my child attending the event or regarding any illness, injury or cost of medical treatment, and I agree to compensate Sts. Anne & Joachim and the Diocese of Fargo, its directors, agents, chaperons or representatives associated with the event for reasonable attorney's fee and expenses arising in connection therewith.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Cell Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies/Medical Concerns \_\_\_\_\_

Medications \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_