

**Parent/Guardian Permission and Liability Waiver**

**Description of Activity/Event:**

Date(s): 10/2, 11/6, 12/4  
Type of Event: Bonfire at Beach  
Arrival/Departure Time: 5-8pm  
ER Phone Number: 843-833-5479

Destination: Beach  
Individual In Charge: Tara Joseph / Lili Murphy  
Mode of Transportation: own

**Participant Information:**

Participant's Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Parent/Guardian's Name \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

**Adult Shirt Size:** \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ 2X \_\_\_ 3X

**Permission to Participate:**

I, \_\_\_\_\_, attest that I am the parent or legal guardian of this participant,  
*Parent or Guardian's Name*  
and I grant permission for my child, \_\_\_\_\_ to participate  
*Child's Name*  
in this parish youth ministry 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 \_\_\_\_\_  
*Parish Name*

**Hold Harmless Agreement:**

As parent/legal guardian, I agree to be legally responsible for any personal actions taken by my son/daughter named above. In the event of a serious violation of the rules of conduct, I understand that he/she may be sent home at my expense, but you will be notified and logistics discussed with you in advance.

I agree on behalf of myself, my son/daughter named herein, our heirs, successors and assigns to indemnify, hold harmless and defend \_\_\_\_\_  
*Parish Name*  
and the Diocese of Charleston, their officers, directors and agents (collectively, the "Diocesan Parties") from any liability for illness, injury or death arising from or in connection with my son/daughter attending the above named activity/event, except that such obligations shall not apply in the event of the gross negligence or intentional acts of the Diocesan Parties.

Signature of Parent/Guardian: X \_\_\_\_\_ Date: \_\_\_\_\_

**Permission To Be Photographed:**

I give my permission for my child, \_\_\_\_\_, to be photographed at this event and understand that the photographs may be used for publicity, etc. \_\_\_\_\_ Yes \_\_\_ No  
Signature of Parent/Guardian: X \_\_\_\_\_ Date: \_\_\_\_\_

Side A

(over)

**MEDICAL CONSENT AND PERMISSION TO TREAT**

**Release of Information:**

To the best of my knowledge, my child, \_\_\_\_\_ is in good health, and I assume all responsibility for the health of my child. In the event of an emergency, I give permission to transport my child to a hospital or emergency treatment facility. I wish to be advised prior to any further treatment by the medical professionals, but I do not want treatment to be withheld if neither I nor any emergency contact I have named below can be located and the injury is life-threatening or the failure to provide treatment is likely to result in permanent injury.

I hereby grant medical personnel permission to release medical information to the Diocesan Director and/or my parish youth minister in the event that my child becomes ill or injured.

Signature of Parent/Guardian: X \_\_\_\_\_ Date: \_\_\_\_\_

**Insurance Information:**

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Emergency Contact Information:**

Parent/Guardian's Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

If you are unable to reach me, please contact:

Name: \_\_\_\_\_

Relationship to me or my son/daughter: \_\_\_\_\_

**Medical History:**

My son/daughter is under the care of a medical provider. \_\_\_\_\_ Yes \_\_\_\_\_ No

Provider Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

My son/daughter is taking medication and will bring all medication with him/her and it will be clearly labeled. My son/daughter is taking the following medication(s) and directions for taking this medication, including dosage, frequency and storage are as follows:

I hereby grant permission for non-prescription medication (such as cough drops, cough syrup, Tylenol, etc.) To be given to my child if necessary. \_\_\_\_\_ Yes \_\_\_\_\_ No

My son/daughter is allergic to the following: \_\_\_\_\_

My son/daughter's immunizations are current and up to date \_\_\_\_\_ Yes \_\_\_\_\_ No

My son/daughter has the following limitations: \_\_\_\_\_

My son/daughter experiences homesickness, emotional reactions to new situations, sleepwalking, fainting, bedwetting, etc. \_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain: \_\_\_\_\_

Signature of Parent/Guardian: X \_\_\_\_\_ Date: \_\_\_\_\_

**Side B**