

Parent/Guardian Permission and Liability Waiver

Description of Activity/Event:

Date(s): June 24, 2025

Type of Event: VBS

Arrival/Departure Time: 9:30-2:30

ER Phone Number: 843-421-1690

Destination: PBOC

Individual In Charge: Trent Bartram/Maureen Arneson

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 PBOC

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 PBOC

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: _____ 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

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: _____ 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: _____ ☐ Yes ☐ No

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

FESTIVALS AND CARNIVALS

PARENT/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: _____

Birth date: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Business phone: _____

I, _____, grant permission for _____
Parent or guardian's name Child's name

to participate in this parish/school activity that may require transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from FMOC (Name of Parish/School). A brief description of the activity follows:

Type of event: Climbing Walls, Bounce House, Inflatables, Pony Rides

Date of event: 6/24/25

Location(s): Precious Blood

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor (the "Participant").

MEDICAL MATTERS

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. I hereby authorize the coaches, supervisors, chaperones, volunteers and/or representatives of the parish/school associated with the event (collectively referred to herein as "Volunteers") to carry out the directives I have given in regard to emergency medical treatment and other cases of illness.

First Aid Consent: In the event of a minor injury, I hereby give permission for the Volunteers to administer first aid to the Participant.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact the people listed below prior to further treatment.

Name & relationship: X Phone: _____

Family doctor: _____

Phone: _____

Specific Medical Information: The parish/school will take reasonable care to see that the following information will be held in confidence.

Any physical limitations? _____

You should be aware of these special medical conditions of the Participant:

INDEMNITY, HOLD HARMLESS AND WAIVER OF LIABILITY

I, _____ (Print Full Name of Parent/Guardian), agree on behalf of himself/herself/itself, and his/her/its child named herein (the Participant), members, participants, agents, family members, heirs, devisees, successors, assigns, officers, volunteers, helpers, partners, invitees and/or associates: (1) to defend, protect, indemnify, and hold harmless the Parish/School (which shall include the Bishop of Charleston, a corporation sole, also known as the Diocese of Charleston) and its members, agents, officers, employees, clergy, family members, helpers, partners, organizational members, associates, coaches, chaperones, volunteers and/or affiliates (the "Released Parties"), with respect to any and all injury, disability, death, and/or loss and/or damage to person and/or property, occurring during or arising out of the Participant's participation in the Activity, WHETHER CAUSED BY THE NEGLIGENCE OF THIRD PARTIES, THE RELEASED PARTIES OR OTHERWISE, except that which is the result of gross negligence of the Released Parties, and (2) waive any and all duty of the Released Parties to warn and/or protect the Participant of any and all dangers, whether hidden, open, obvious or otherwise, whether or not Released Parties know of, has reason to know of, and/or could reasonably discover, such dangers.

I and the Participant herein knowingly and freely assume all risks connected with and/or arising out of the Activity, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES OR THIRD PARTIES.

If any portion of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

Signature:  _____

Date: _____