

APPENDIX B (For Each Special Event/Field Trip)

PARENT/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

PARISH/SCHOOL _____

PARTICIPANT'S NAME _____

Sex _____ Date of Birth _____ Soc. Sec. # _____

PARENT/GUARDIAN'S NAME _____

Home Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work (____) _____

In case of an Emergency please contact: _____

Relationship: _____ Phone No. (____) _____

I, [Parent/Guardian named above] grant permission for my child [Participant named above] to participate in this event. I understand that this event will take place under the guidance and direction of parish employees and/or volunteers from the parish/school. My understanding of the event is:

Event: _____

Place/Destination: _____

Individual in Charge: _____

Date(s) and Time(s): _____

Mode of Transportation: _____

As parent/legal guardian, I remain legally responsible for any personal action taken by my child. I agree to hold harmless this parish/school [named above], and the Diocese of Richmond as well as its officers, directors, agents, chaperons, or representatives associated with this event, arising from or in connection with my child attending this event, or including but not limited to accidents, emergencies, exposure to reckless conduct of persons .

PARENT/GUARDIAN SIGNATURE:

_____ Date _____