



ST. PHILIP'S YOUTH MINISTRY  
PARENT/GUARDIAN PERMISSION  
AND LIABILITY WAIVER



EVENT: MATT MAHER CONCERT

Participant's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex (circle): M / F

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

Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Participant's Cell Phone: ( ) \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my son/daughter,

Parent or Guardian's Name

\_\_\_\_\_, to participate in this parish youth ministry event

Child's Name

that requires transportation to a location away from the parish site. I also consent to the use of any videotapes, photographs, slides, audiotapes or other visual or audio reproduction which my son/daughter may appear. I understand that these materials are being used for promotion of the youth ministry of St. Philip's Church. Such promotional activities extend to recruitment, fund-raising, advocacy, etc. This event will take place under the guidance and direction of parish employees and/or adult leader volunteers from St. Philip's Youth Ministry.

A brief description of the activity/event: Trip to see Matt Maher in concert

Date(s) of Event: Sunday, October 16, 2011

On Site Telephone Number for Emergencies: 201-572-0896

Destination: Wayne, NJ

Individual in Charge: Justin Aughey

Estimated Time of Departure and Return: 6pm-10pm

Mode of Transportation to and from Event: Carpool (meet at Church at 6pm)

Medical Information: Is your child on any medication or have any allergies that we should be aware of? \_\_\_\_\_ If yes, please list: \_\_\_\_\_

As parent/legal guardian, I remain legally responsible for any personal actions taken by my son/daughter named above. I agree on behalf of myself, my son/daughter named herein, our heirs, successors, and assigns to hold harmless and defend St. Philip's Church, its officers, directors, agents and the Archdiocese of Newark from any liability for illness, injury or death arising from or in connection with my son's/daughter's attending the above named event. I release the staff, volunteers, etc. from any liability connected with the use of my son's/daughter's picture or voice recording as part of any of the above or similar activities, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Newark, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

I am also giving medical permission and consent to treat.

~~PLEASE FILL OUT BOTH PAGES~~

Even Cost:

The cost for Matt Maher Concert will be \$20 and payment is due by Sunday, October 9th. Cost includes transportation to and from event and ticket to concert. Please provide advance payment with cash or check before October 9th, which is the deadline for forms and payment. Checks may be made out to St. Philip's Church. Also, please make sure your son/daughter has eaten before the event.

Please check one of the following:

- I understand the Event Cost and have provided payment with this signed permission slip
- I understand the Event Cost and will provide payment at a later time, but before deadline
- I understand the Event Cost and need financial help for my son/daughter for this event. I will contact Justin at 201-843-1888 or youthgroup@spymin.org regarding this matter before date of event

I have read over the Parent/Guardian Permission and Liability Waiver and agree to all that is stated above:

\_\_\_\_\_  
Parent/Guardian Name (PRINT)

\_\_\_\_\_  
Parent/Guardian Signature

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

~~PERMISSION SLIP DUE BY 10/9~~