

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

EVENT: _____

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.

Activity: A brief description of the activity/event: _____

Date(s) of Event: _____

On Site Telephone Number for Emergencies: _____

Destination: _____

Individual in Charge: _____

Estimated Time of Departure and Return: _____

Mode of Transportation to and from Event: _____

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.

Parent/Guardian Name (PRINT)

Parent/Guardian Signature

Signature Date: _____