

[NAME of PARISH/ORGANIZATION]

Consent and Waiver Form

Contact Information (Including an Emergency Contact Information):

Name of Participant: _____

Participant's Phone Number: _____

Participant's E-Mail Address: _____

Name of Parent/Primary Guardian: _____

Relationship: _____

Phone Number: _____

Address: _____

E-Mail Address: _____

Please note that the information gathered above will not be shared with any persons unaffiliated with St. Augustine's Church, unless granted express consent by the subject. The information will be kept on file and will be destroyed as requested.

Parental/Primary Guardian Waiver for the ["Event Name"]

All persons below eighteen (18) years of age must fill out this form, with a signed and dated copy submitted to [Coordinator's name] before the date of the event. Information will also be required of their parent or primary guardian.

[Enter information about the event here, e.g.: On [date], the youth of [St. X's] Church will travel to [place] to [activity]. All participants will gather at the Church at [time] and [name], [name] and [name] will be providing their transportation. Please note that there are some physical hazards in [e.g. playing laser tag]. We ask that the children listen to the youth ministers at all times – and the youth ministers will be free of liability at the children's failure to listen to instructions.] Note that the safety and security of the youth are for us always a top priority.

To the Parent or Guardian:

By affixing your name and signature below, you grant permission to the above named minor to participate in our event. You also release the youth ministers and [St. X's Church] from any and all liabilities that may arise from the activities, particularly where the minor fails to listen to instructions. There are no restrictions or limitations to the waiver and consent you are providing. As the Adult, Parent/Primary Legal Guardian you agree to assume responsibility for any items or property stolen, lost, or damaged and/or any minor or serious injury, whether accidental or intentional, committed by the child in question against the above stated youth ministers or the above stated business establishment, for the duration of this event. In the event that you or your child/legal ward may need medical attention, you authorize us to notify proper authorities and call an ambulance.

Name: _____

Date: _____

Signature: _____

