

Summer Youth Events, St. Joseph Parish, Wakefield, MA
CONSENT AND LIABILITY WAIVER FORM

I, (parent/guardian) _____

hereby give permission to take _____
(name of youth)

to the following activity:

(event name)

In consideration of the attendance of my child at the above named activity by St. Joseph Parish Youth Group and for allowing my child to participate in this activity, I do hereby release and discharge St. Joseph Parish and all of its directors, agents, and adult leaders acting officially or otherwise from any and all claims, demands, actions, or causes of action on account of any injury sustained by my child during said above named activity. I hereby authorize any director, adult leaders, or agent of St. Joseph Parish to obtain emergency medical treatment for my child at any time during the above named activity. I understand that an attempt will be made to notify the parents first. If the parents are not available, however, the youth will be taken to the emergency room at the nearest hospital as circumstances may warrant.

If any conduct of the participant warrants them to be excused from participation in the event, I assume all responsibility for disciplinary action and picking up my child upon being notified by the adult leader/Youth Director. Should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all transportation costs.

Please list any special medical/health information (including medication or allergies) concerning youth member listed.

I, the undersigned, hereby acknowledge that I have read the foregoing, understand its contents, and have signed the same as my own free act and deed.

(signature of parent/guardian)

(date)

(_____)_____ - _____ (home phone)

(_____)_____ - _____ (cell phone)