

**PARENTAL GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Participant’s Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Parent/Guardian’s Name: \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_  
Parent or Guardian Child’s Name

To participate in this parish event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from Queen of the Most Holy Rosary.

A brief description of the activity follows:

Type of Event: **The Rock**

Date of Event: **October 22 - November 5 - November 12**

Destination of Event: **Bishop Ryan High School – Minot, ND**

Individual in Charge: **Father Gary Benz**

Estimated time of departure and return: **Depart: 5:30 PM**  
**Return: 10:00 PM**

Mode of transportation to and from event: **Stanley School Bus**

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor (“participant”).

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Queen of the Most Holy Rosary, its officers, directors, employees and agents, and the Arch/Diocese of Bismarck, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith and I agree to compensate the parish, its officers, directors and agents, and the Arch/Diocese of Bismarck, its employees and agents and chaperones, or representative associated with the event for reasonable attorney’s fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

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

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of following statements pertaining to medical matters, sign only those that are applicable.)

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact: \_\_\_\_\_