

MINOR ATTENDING ADULT-FOCUSED ACTIVITY WITH PARENT/GUARDIAN FORM

Archdiocesan Sponsoring Entity ("Location"): _____

Place and Date of Event/Trip: _____

Description of Activity: _____ See Attached: _____

Mode of Transportation: _____ Total Event/Trip Cost \$ _____

Event/Trip Leader: _____ Attire: _____

Minor's Name: _____

Address: _____

Date of Birth: _____

I _____ request that my child be permitted to participate in the above activity. I take full responsibility for any physical or medical conditions, medications, dietary or other restrictions my child may have. I also take full responsibility to obtain or provide any medical treatment my child may need during the Activity and I give permission to the responsible staff members, chaperones, medical practitioners and medical facilities to use their judgment in obtaining and providing medical treatment for my child should it become necessary. I understand that health insurance benefits through the Location, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my child. I agree to reimburse the Location for the cost of any medical treatment and related expenses.

Supervision of Minors: My child will be under my direct supervision at all times. I accept full responsibility for my child during the Activity. I acknowledge the Location is not providing any supervision for my child and it does not accept any responsibility for my child. I understand that I may be asked to remove my child from the Activity for disruptive behavior or other reasons and I agree to comply with any such request.

Release of Liability: As a condition of participating in this activity, I hereby hold harmless, release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and the Location, their respective agents and employees and any parent/volunteer/chaperone, from any and all liability, loss or claims for personal injuries, wrongful death or property damage that I or my child may suffer as a result of participation in the activity described above.

Parent/Guardian Signature Date

Cell Phone Alternate Phone

Person to Notify in case of Emergency if Parent or Guardian is unavailable:

Name: _____ Phone: _____

Health Insurance Company: _____ Policy No.: _____

To be filled in by Location

To be filled in by parent/guardian