

Consent and Liability Waiver

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Youth Participant's Name: _____

Birth date: _____ Sex: _____

Parent/Guardian's Name: _____

Home address: _____
Street City Zip

Home phone: _____ Business phone: _____

Cell Phone: _____ Email address: _____

I, _____ grant permission for my
Parent or Guardian's name
youth, _____ to participate in this
Youth's name

Archdiocesan youth ministry event that is located away from the parish site. This activity will involve transportation by parents or arranged by parents to and from Tintern Retreat Center and will take place under the guidance and direction of volunteers from the area parishes.

****The to and from will be Scotus Central High School for the 2021 camp and location address is 1554 18th Avenue Columbus NE. More information to follow for time and transportation.****

A brief description of the event follows:

Name of Event: J.C. Camp

Purpose of Event: Camp for 8th graders going into 9th or any High School Student.

Location: Tintern Retreat Center, Oakdale, NE

Time: Thursday morning at 6:40 a.m. to Sunday afternoon approximately at 2:00 p.m.

Transportation: Parent drop off child at St. Bon's Church, 6:40 a.m. Thursday.

As parent and/or 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 heirs, successors, and assigns, to release and hold harmless and defend the three Columbus parishes, St. Bonaventure, St. Isidore and St. Anthony (herein Columbus Parishes), their officers, directors and agents, the Archdiocese of Omaha, (herein "Archdiocese") and all chaperons, adult counselors, leaders, volunteers or representatives associated or helping with the event (herein "Released Persons"), arising from or in connection with my child attending the event, including but not limited to travel to and from Tintern Retreat Center, activities, overnight stay, and also any death, illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the Columbus Parishes, their officers, directors and agents, the "Archdiocese", and all "Released Persons" for reasonable attorney's fees and expenses arising in connection therewith.

You should be aware of these special medical, emotional conditions of my child:

Signature: _____ Date: _____