

Feed My Starving Children & Valleyfair
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER



Participant's name: _____ Participant Phone #: _____

Parent/Guardian's name: _____

Parent Cell phone: _____ Parent Email: _____

I, _____ grant permission for my child, _____ 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 the One in Christ Catholic Community Parishes of: Annunciation (Mayhew Lake), Sacred Heart (Sauk Rapids), St. Francis Xavier (Sartell), St. Stephen (St. Stephen).

Name of parish: One in Christ Catholic Community

A brief description of the activity follows:

Type of event: **Service and Fun**

Grades: 6 - 12

Date of event: Wednesday, July 10th 2024

Destination of event: **Feed My Starving Children (Chanhassen) and Valleyfair**

Cost: **\$45**

People in charge: Jason Prigge

Times: 9:45 – 8:30 PM

Mode of Transportation: Trobec's 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 Sacred Heart, its officers, directors, employees and agents, and the Diocese of St. Cloud, 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 Diocese of St. Cloud, its employees and agents and chaperons, 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.

___ I have completed the Medical Release form for Sacred Heart.

___ I acknowledge that all information on my Medical Release form is correct and current. I am aware that Sacred Heart is not liable or responsible for any errors, omissions or failure to update information on my Medical Release form.

Signature: _____ Date: _____