Diocese of Orlando Parental / Guardian Consent Form & Liability Waiver
(This form is required for minors to attend an off property event or trip.)

Participant's Name:_____ Date of Birth:_____

Address_____ City/State/_____

Zip_____ Home Phone:_____

Parent/Guardian's Name:_____

Cell Phone:_____Work phone:_____

Other number where Parent/Guardian can be reached <u>during</u> event:_____

Consent & Liability Waiver
**Important! To be filled out by the Parent/Guardian for youth under 18 years of age <u>*and*</u>
individuals age 18 or older and in high school.**

In consideration of the program in which my son/daughter will participate, I, as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany (entity name) St. Joseph School (SJCS)   to:

Event & Location: _____

Date & Time: _____

❑ **Transportation Not Provided**

❑**Transportation Provided**

 Method of Transportation: _____

I acknowledge that (entity name) SJCS_____ is providing transportation only from (entity name) SJCS_____ to and from the event. I acknowledge and assume the risk of this transportation for my child. My child must comply with (entity name) SJCS_____ rules and procedures. By granting this permission, I also waive any claims against, and RELEASE AND HOLD HARMLESS AND INDEMNIFY, (entity name) SJCS_____, the Diocese of Orlando, and any of their religious, employees, volunteers, agents and representatives from any liability, claims, demands and causes of action arising out of or re-lating to any loss, damage or injury sustained in connection with or arising out of my child's participation in the program.

_____   _____

Parent/Guardian Signature
(must sign for any participant under 18 &/or 18 or older & in high school)   Date

PARTICIPANT: In signing the line below I agree to abide by any/all policies established for this event/activity. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent/guardian's expense.

_____   _____

Participant's Signature   Date

Insurance Information
❑ **No, I do not carry medical insurance at this time.**

❑**I do carry medical insurance at this time.**
"

Insurance Carrier: _____

Name of Insured: _____

Insurance Policy Number: _____

Father's Name: _____ Day Phone: _____

Mother's Name: _____ Day Phone: _____

**In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/
guardian.**   4/2013