

PARENT/LEGAL GUARDIAN PERMISSION SLIP

PARTICIPANT INFORMATION

Full name: _____

DOB: _____ Age: _____ Grade _____ Phone # _____

Street Address: _____

City/State/ZIP: _____

Parent/Guardian name(s) (please print): _____

PARENTAL AUTHORIZATION

Dear Parent or Legal Guardian: Your son/daughter/individual under your guardianship is eligible to participate in an activity that requires transportation away from the parish site.

This activity will take place under the guidance and direction of parish staff from _____ Church of the Assumption
Name of parish

DESCRIPTION OF ACTIVITY

Event: Altar Server Picnic

Location: Jack and Nancy Westford's home (1837 Northshore Road)

Person in charge: Gina DePalma and Fr. Scott Connolly

Date of event: August 17th, 2016 Time: 2:00 pm- 5:00 pm

Mode of transportation to/from event: Parent drop-off/pick up

If you desire your son/daughter/individual under your guardianship, to participate in this particular event, **please complete, sign and return the following statement of consent and release of liability** _____ August 14th, 2016 .
date

I hereby consent to participation by _____, my son/daughter/individual under my guardianship, in the event described above. I fully understand that this event will take place away from the parish grounds and that my child will be under the supervision of the designated staff and/or volunteers on the stated dates. I understand that such an undertaking involves an element of risk. I assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless the Corporation of the Catholic Archbishop of Seattle, staff, volunteers, and drivers from any and all liability that may arise out of participation in this activity. I also give consent for emergency medical treatment if necessary. I do request that, if possible, I be contacted prior to treatment. As parent/legal guardian, I remain fully responsible for any legal responsibility which may result from any personal actions taken by the named participant.

I consent further to the conditions stated above, including the method of transportation.

Parent's/Guardian's Signature: _____ Date: _____

Telephone #: Home: _____ Cell: _____

Alternate Emergency Contact: _____

Telephone #: Home: _____ Cell: _____

Allergies, Medical Concerns or Dietary needs: _____

I attest that my child knows how to swim and allow him/her to swim at the Westford's property, understanding that a life guard is not on duty.

Parent's/Guardian's Signature: _____ Date: _____