

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 during event: _____

Consent & Liability Waiver

Important! To be filled out by the Parent/Guardian for youth under 18 years of age and 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) _____ to:

Event & Location: _____

Date & Time: _____

Transportation Not Provided

Transportation Provided

Method of Transportation: _____

I acknowledge that (entity name) _____ is providing transportation only from (entity name) _____ to and from the event. I acknowledge and assume the risk of this transportation for my child. My child must comply with (entity name) _____ rules and procedures. By granting this permission, I also waive any claims against, and RELEASE AND HOLD HARMLESS AND INDEMNIFY, (entity name) _____, 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 relating 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.