

FESTIVALS AND CARNIVALS

PARENT/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: _____

Birth date: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Business phone: _____

I, _____, grant permission for _____

to participate in this parish/school activity that may require transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from _____ St. Francis by the Sea _____ (Name of Parish/School). A brief description of the activity follows:

Type of event: **Climbing Walls, Bounce House, Inflatables, Pony Rides**

Date of event: _____ October 2nd, 2022 _____

Location(s): _____ Honey Horn Plantation, HHI _____

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the Participant”).

MEDICAL MATTERS

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. I hereby authorize the coaches, supervisors, chaperones, volunteers and/or representatives of the parish/school associated with the event (collectively referred to herein as “Volunteers”) to carry out the directives I have given in regard to emergency medical treatment and other cases of illness.

First Aid Consent: In the event of a minor injury, I hereby give permission for the Volunteers to administer first aid to the Participant.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact the people listed below prior to further treatment.

Name & relationship: _____ Phone: _____

Family doctor: _____

Phone: _____

Specific Medical Information: The parish/school will take reasonable care to see that the following information will be held in confidence.

Any physical limitations? _____

You should be aware of these special medical conditions of the Participant:

INDEMNITY, HOLD HARMLESS AND WAIVER OF LIABILITY

I, _____ (**Print Full Name of Parent/Guardian**), agree on behalf of himself/herself/itself, and his/her/its child named herein (the Participant), members, participants, agents, family members, heirs, devisees, successors, assigns, officers, volunteers, helpers, partners, invitees and/or associates: (1) to defend, protect, indemnify, and hold harmless the Parish/School (which shall include the Bishop of Charleston, a corporation sole, also known as the Diocese of Charleston) and its members, agents, officers, employees, clergy, family members, helpers, partners, organizational members, associates, coaches, chaperones, volunteers and/or affiliates (the "Released Parties"), with respect to any and all injury, disability, death, and/or loss and/or damage to person and/or property, occurring during or arising out of the Participant's participation in the Activity, WHETHER CAUSED BY THE NEGLIGENCE OF THIRD PARTIES, THE RELEASED PARTIES OR OTHERWISE, except that which is the result of gross negligence of the Released Parties, and (2) waive any and all duty of the Released Parties to warn and/or protect the Participant of any and all dangers, whether hidden, open, obvious or otherwise, whether or not Released Parties know of, has reason to know of, and/or could reasonably discover, such dangers.

I and the Participant herein knowingly and freely assume all risks connected with and/or arising out of the Activity, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES OR THIRD PARTIES.

If any portion of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

Signature: _____

Date: _____