



Catholic Archdiocese of Atlanta
 St. Andrew Catholic Church
Year One Alpha "Day Away" Retreat
 December 8th, 2018
 Parental / Guardian Consent Form and Liability Wavier



Name of Participant: _____ Sex: _____

Parent / Guardian's Name: _____

Parent Cell # _____ Parent E-mail: _____

***All teens MUST have a current Medical Release Form on file before participating in off-site events. This form may be found in the Religious Education Building and on the St. Andrew LifeTeen website.**

Type of Event: **Day Retreat for Year One Confirmandi**
 Destination of Event: **St. Andrew**
 Individual in Charge: **Loral Leach, lleach@standrewcatholic.org , (770) 641-9720 x255**
 Time of Event: **9 AM – 4PM**
 Mode of transportation to and from event: **N/A**
 Cost: **\$30**

I/We the parent(s) of: *(please print)* _____ do hereby give my/our approval for him/her to participate in the **Year One Confirmation Retreat** that is sponsored by St. Andrew. I/We do hereby, for myself, my heirs, executors, and administrators, waive, release, absolve, indemnify and agree to hold harmless any and all adults who chaperone, also the Archdiocese and its representatives, successors, supervisors, sponsors, organizers and participants for any injuries in connection with the program named above. I likewise release from my responsibility any person transporting my child to and from any of the activities. I/We hereby grant permission for publication of photos taken at youth events.

I/We also give permission to seek any emergency care should my child be involved in any accident or be injured in any way during such events named above. I/We understand that in any such instance, all attempts will be made to contact the parent/guardian. In the event that I/we cannot be contacted, I/we hereby give permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery for my child, as named herein.

I also agree that I am legally responsible for all/any personal actions taken by my child/guardianship during this event, and agree to be financially responsible for any/all damages, legal fees, and other costs incurred as a result of the actions/behavior of my child/guardianship.

Furthermore, I/we agree that if the above named student's behavior is inappropriate, unsafe and/or detrimental to the group, I will be contacted immediately to secure means of removing my child/guardianship from the event premises. I understand that any financial costs incurred as a result of my child/guardianship being sent home are my responsibility.

_____ **By initialing here,** I grant permission for non-prescription medications to be given, if deemed appropriate by adult chaperone(s).

My child is allergic to: _____ **Current medication (and dosage):** _____

Parent/Guardian signature: _____ **Date:** _____

Printed Name: _____ **Relationship:** _____

In signing this form, I certify that all information contained herein is true and accurate to the best of my knowledge.