

DIOCESE OF ALLENTOWN
PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER

Participant's name: _____
Birth date: _____ Sex: _____
Parent/Guardian's name(s): _____
Home address: _____
Home phone: _____ Business phone: _____

I (we) _____ grant permission for my (our) child, _____
(parent or guardian's name(s)) (Child's name)
to participate in this parish/school event that requires transportation to a location away from the parish/school site.
This permission includes all related programs or events associated with the event. This activity will take place
under the guidance and direction of parish/school employees and/or volunteers from _____
(Name of parish/school)

My (our) child understands and agrees to abide by all rules and regulations established by the school/parish
pertaining to such field trips.

Description of Activity:

Type of event: _____
Destination of event: _____
Individual in charge: _____
Date of event and estimated time of departure and return: _____
Travel information (airline, flight numbers, bus or train information): _____

As parent(s) and/or legal guardian(s), I (we) remain legally responsible for any personal actions taken by my (our)
child. In consideration for my (our) child's participation, I (we) and my (our) child, agree and understand that we
assume the risks inherent in the field trip or other activity outside of my (our) child's school, and with full
knowledge of the risks, we, and our heirs, successors and assigns, release and agree to hold harmless and defend
_____ Charitable Trust, the Diocese of Allentown and its Bishop

(Name of parish/school)

or Administrator, their respective charitable trusts, and the respective members, trustees, directors, officers,
employees and representatives of those entities, including chaperones, volunteers or any other representatives
associated with that activity (all of whom are separately and collectively referred to as the Diocese) from claims
from or related to my (our) child's participation, or in connection with any illness or injury (including death) or
cost of medical treatment in connection therewith, and I (we) agree to compensate the Diocese for reasonable
attorney's fees and expenses incurred by the Diocese in any action brought against the Diocese as a result of such
injury or damage, unless such claim results from the negligence of the Diocese.

We have read carefully this entire (pages 1 and 2) Parental/Guardian Permission Form & Release and agree to its
terms and intend to be bound hereby.

Participant's signature: _____ Date: _____
Parent/Guardian signature: _____ Date: _____
Parent/Guardian signature: _____ Date: _____