

**St. Jerome Catholic Church Faith Formation  
PARENTAL/ GUARDIAN CONSENT FORM AND LIABILITY**

**PARTICIPANT INFORMATION**

Name of Youth: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Contact Info: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Nature of Event:** I understand the nature of these event(s), sponsored by **St. Jerome Parish**, will be held in the context of Youth Ministry events/activities. I have been given information, or have had the opportunity to request information, which more clearly describes the physical facilities. The events will take place from **August 1, 2016** through **July 31, 2020** and will involve transportation to and from the event/activity destination.

I understand and assume the risks inherent with such an extended field trip, which may involve certain risks beyond reasonable control of the Parish and the Diocese of St. Petersburg, and their respective representatives, volunteers, and agents. Such risks may include but are not limited to accidents, emergencies, exposure to nature and the elements, and/or negligence of the Adult Chaperones and staff of the entity at the location of the event. The Parish and the Diocese of St. Petersburg disclaim any and all responsibility for any such risks.

I am also aware that all reasonable care and supervision will be exercised by the Adult Chaperones to provide for the general well-being of my youth. However, I understand that there will be times when my youth is not directly supervised and it is impossible for the Adult Chaperones to supervise my youth every minute of every day while attending the event. I acknowledge placing my trust in my youth to adhere to proper standards of conduct and to follow the rules of the Group Leaders and Adult Chaperones, especially when not being directly supervised. I understand and assume the risks described above and those inherent with such an extended field trip. In consideration for the benefits my youth will receive in attending this event, I, individually and on behalf of my youth, do hereby **RELEASE, DISCHARGE, AND COVENANT NOT TO SUE** the Bishop of the Diocese of St. Petersburg, the Parish, all parishes within the Diocese, all employees, agents, and volunteers for this event. I agree to hold them harmless from any and all claims whatsoever arising from the conduct of any person(s) which result in any injury or loss to my youth or to me.

**MEDICAL PERMISSIONS FOR YOUTH:** If on the day of travel to the location, my child should have any symptoms of headache, vomiting, sore throat, cold, fever, flu, diarrhea, onset of any contagious illness, or should otherwise not attend the activity/event for health reasons, I agree that I will not permit my child to travel to the location. Before leaving the Parish or during travel to or attendance at the location, in the event it comes to the attention of the Parish that my child shows up with any illness or there is an accident or emergency, I agree that in the sole discretion of the Parish, my child may be sent home immediately without any liability to the Parish or the Diocese of St. Petersburg.

I have given consent for emergency medical treatment that may be necessary at the time of registration. I hereby ratify and incorporate that consent by signing below. Further, my youth is in good health and I am not aware of any medical conditions that would impair or prevent my youth from attending this extended field trip.

**PERMISSION FOR OTHER MEDICAL MATTERS:** In the following, check **ONLY** those that apply to your child:

\_\_\_\_ YES, if upon leaving home I know my child is to be taking prescription or non-prescription medication at the time of the event, I give permission to the location's medical staff or Parish staff to administer the medication to my child; provided, however, that it is my responsibility to send with my child the appropriate quantity of clearly labeled medication showing dosage and frequency and to speak to a chaperone about this in advance. I understand that the Parish cannot be responsible for my failure to send the appropriate quantity of medication or for errors in the dosage and frequency due to any cause whatsoever.

\_\_\_\_ YES, in the event it comes to the attention of the Parish that my child complains of illness, I grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child by the location's personnel or Parish personnel.

**CODE OF BEHAVIOR:** I agree to instruct my child to abide by all rules and regulations including the Parish Handbook, that are imposed for this extended field trip, that are sometimes referred to as a Code of Behavior ("the Code"). I understand that if I have not previously seen the Code, it is my duty to seek a copy of the Code and to review it and to explain it to my child prior to signing this waiver. I agree that if my child fails to abide in any way by the Code, that my child can be dismissed from the location and sent home immediately at my expense for the immediate transportation home with no right of reimbursement or refund for any amount in connection with such transportation from the Parish.

I fully understand the consequences of the foregoing statements and sign this Consent Form and Liability Waiver knowingly, freely and willingly. (Your signature must appear below or your youth will not be permitted to attend the event/ activity).

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**YOUTH:** As a participant at this event, I understand and agree to conform to all the rules and regulations outlined in the meetings, classroom and other materials I have received, which also include the Parish Handbook and may be collectively referred to as "The Code". I understand that my failure to follow the Code will result in my dismissal from the event and that I will be sent home at my own or my parent/guardian's expense. (Youth's signature must appear below or the youth will not be permitted to attend the event).

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

The foregoing Waiver was duly sworn and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by the person named hereinabove.

\_\_\_\_\_  
NOTARY PUBLIC

Name: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

Revised: Jan/2002