

# Parental/Guardian Consent Form/Liability Waiver For Diocese of Norwich **YOUTH EXPLOSION X**

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Participant's Email \_\_\_\_\_ Cell number \_\_\_\_\_

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

Street Address/City/State/Zip \_\_\_\_\_

Parent/Guardian Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

I give permission for my son/daughter \_\_\_\_\_ to attend and participate in the **Youth Explosion** at Saint Bernard School, Uncasville, CT on November 4, 2018. This activity will take place under the guidance and direction of employees and/or volunteers from the Roman Catholic DIOCESE OF NORWICH and \_\_\_\_\_ (Your Parish). Youth are expected to stay until the end of event –if leaving early, one MUST have parent/guardian permission.

**Youth Explosion, November 4, 2018**  
 Saint Bernard School, Uncasville  
 Doors open at 11:30 a.m.  
 Event is from 12:30 p.m. to 6:30 p.m.

Make checks payable to \_\_\_\_\_  
 (Your Parish or School when attending with group.)

**Registration Fee - \$20** \_\_\_\_\_

**Late Fee \$5.00 (After Oct. 18)** \_\_\_\_\_

**Total Fee Enclosed** \_\_\_\_\_

**Adult Coordinator** \_\_\_\_\_

Return this form to your group leader.  
 If individual not attending - please send form and payment to:  
 Attn: Liza Roach Office of Faith Events  
 by 10/20/17 199 Broadway, Norwich 06360

While youth are responsible for their own behavior, as parent and/or legal guardian, I remain legally liable for any actions or damages made by the above named minor. I am aware that I will be called if my child has to be sent home. I agree on behalf of myself, my child named herein, our heirs, successors, and assigns to hold harmless and defend the Roman Catholic Diocese of Norwich, and parish/school named above, and their officers, directors, agents, employees, representatives associated with this event from any and all liability claims, loss or damage arising from or in connection with my child attending this event or in connection with any illness or injury or cost of medical treatment in connection therewith. I agree to compensate the above entities for reasonable attorney fees and expenses arising in connection therewith. 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. In the event of an emergency and I cannot be reached, I hereby give permission to transport my child to a hospital or medical facility and to seek medical attention. **In signing below, I understand that the Youth Explosion** wrist band is a revocable, non-transferable credential and must be clearly displayed at all times. It entitles the named bearer to enter only those **Youth Explosion** events/sites and areas therein as appropriate. Presence in

unauthorized areas will serve as grounds for suspension or termination of access/privileges. By use hereof, the bearer voluntarily assumes all risks and dangers incidental to the events and activities for which this credential is issued, whether occurring prior to, during or after same, and agrees that the Diocese of Norwich and its agents, staff and volunteers are not responsible or liable for injuries or damage suffered by the bearer resulting from or arising out of such activities; and consents to a reasonable search of carry-in items and/or his or her person for security reasons, if deemed necessary by the **Youth Explosion** staff or law enforcement agencies. Failure to comply with the above conditions may result in non-admission and/or confiscation hereof. I grant the Diocese of Norwich my consent without reservation to use, assign, convey, reproduce, copyright, publish my/my child's name, voice, image, and/or likeness that arises from his/her participation in the Event, whether still or motion pictures, audio or video tape, for promotional, instructional, business or any other lawful purposes, at the sole discretion of the Diocese of Norwich. Payment is non-refundable.

Emergency contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Doctor: Name \_\_\_\_\_ (phone) \_\_\_\_\_

Insurance Company \_\_\_\_\_ Employer \_\_\_\_\_ Group # \_\_\_\_\_

Subscriber name \_\_\_\_\_ Subscriber # \_\_\_\_\_

Allergies: (medication, foods, etc) \_\_\_\_\_ Medications currently taking that may affect treatment: (name/dosage) \_\_\_\_\_ You should also be aware of these special medical/ physical/ mental conditions of my child: special diet (I agree that the **Youth Explosion** cannot be responsible for any special dietary needs that my child may have), nose bleeds, recent injuries, exposure to contagious diseases, etc.):

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

Youth Participant Signature \_\_\_\_\_ Date \_\_\_\_\_