

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

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 2, 2019. 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 2, 2019
 Saint Bernard School, Uncasville
 Doors open at 12:00 a.m.
 Event is from 1:00 p.m. to 5:30 p.m.

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

Registration Fee - \$25 _____

Late Fee \$5.00 (After Oct. 11) _____

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 10/11/19 199 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 _____