*Diocese of Des Moines*

**ATHLETIC AND SPORTING EVENTS**

*PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER*

*This Facility is owned and maintained by the Roman Catholic Church of this community. As such the Facility User will agree to respect our faith and policies of the Diocese, and will not knowingly or intentionally use the facility in a way that is in conflict with the teachings or policies of the Catholic Church.*

*The use of a parish, school or institutional facility shall not be granted to any individual, group or organization, whether parishioners or non-parishioners: whose purpose, tenets, acts or omissions, or objective contradict the faith and morals of the Catholic Church or the policies of the Diocese of Des Moines, as determined by the Bishop of the Diocese of Des Moines.*

Participant’s name: Birthdate: Sex:

Parent/Guardian’s name:

Home address:

Home phone: Business phone:

I, , grant permission for my child, ,

*Parent or guardian’s name Child’s name*

to participate in . While this activity is located at ,

*Activity Parish*

this activity is not a parish sponsored activity and is no way affiliated with

*Parish*

or the Diocese of Des Moines. The minors must be supervised at all times while on the

premises. There will be no supervision provided by .

*Parish*

The guidance and supervision will be your sole responsibility.

A brief description of the activity follows:

Type of event: Location(s): Individual in charge: Duration of activity:

**ATHLETIC AND SPORTING EVENTS**

*PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER*

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor (“participant”).

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Diocese of Des Moines, its

*Parish*

officers, directors, employees, agents and volunteers with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors, employees, volunteers and agents, volunteers associated with the activity for reasonable attorney’s fees and expenses arising in connection therewith.

Signature: Date:

**Medical Information and Consent**

In the Event of an emergency, I give my permission and/ or consent to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parish) to secure and authorize such Medical Care and/or treatment as my child may require while under their supervision. I agree to pay all costs and fees contingent on any emergency care and/or treatment necessary. Every effort will be made to immediately notify parents in case of an emergency.

* Hospital of Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Name of individual(s) authorized to pick up children other than parents:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_