



Parental/Guardian Consent Form & Liability Waiver

(This form is required for minors to attend an
off property event or trip).

**This form is to be completed by Parent/Guardian for youth under 18 years of age and
individuals 18 years of age or older and in high school.**

APPLICANT INFORMATION

Participant's Name _____

Date of Birth: _____

E-mail Address _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Other number where Parent/Guardian can be reached during event: _____

In consideration of the program in which my son/daughter will participate, I, as a parent or
guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany:

Our Lady of Lourdes Catholic Church

(Parish/Diocese/School)

Event & Location HOPE Adoption Center Visit, 1465 Cypress Ave, Melbourne, FL 32935

Date & Time November 6, 2022 3:00 PM

Transportation not provided

Transportation provided

Method of transportation N/A

I acknowledge that (entity name): N/A is providing transportation to and from (location): N/A to the event. I acknowledge and assume the risk of this transportation for my child. My child must comply with (entity name) N/A rules and procedures. By granting this permission, I also waive any claims against, and **RELEASE AND HOLD HARMLESS AND INDEMNITY**, (entity name): N/A, the _____, the Diocese of Orlando, any other of their religious, employees, volunteers, agents, and representatives from any liability, claims, demands, and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my child's participation in the program.

INSURANCE INFORMATION

Do you have medical insurance? Yes No

If yes, please provide the following information.

Insurance company _____

Policy in the name of _____

Policy number _____

Father's name _____

Day phone number _____

Mother's name _____

Day phone number _____

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.

In signing the line below, I certify all the information on the trip form is complete and accurate, I also agree to abide by any/all policies established for this event/activity. Should I not be able to maintain the guidelines and expectations for this event, I understand there will be consequences for my actions which could include my being asked to leave the event. By consenting to the use of an electronic signature, I am agreeing to the rights and obligations in this *Parental/Guardian Consent Form & Liability Waiver*. I can obtain a copy of the electronically signed *Parent/Guardian Consent Form & Liability Waiver* by requesting a copy from the

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where I submitted the document. If I prefer, I can, by printing the document, obtain a paper copy of the *Parental/Guardian Consent Form & Liability Waiver*, sign it by hand, and deliver it to

Our Lady of Lourdes Catholic Church

(Parish/Diocese/School)

I can withdraw my consent to *Parental/Guardian Consent Form & Liability Waiver* by notifying

Our Lady of Lourdes Catholic Church

(Parish/Diocese/School)

in writing. Consent cannot be withdrawn for _____ HOPE Adoption Center Visit
(event)

once _____ HOPE Adoption Center Visit
(event)

has commenced. If I withdraw my consent, I and/or my child will not be able to attend

_____ HOPE Adoption Center Visit

(event)

Even if consent is withdrawn, I understand I may still be liable for the

_____ N/A

(cost of the event OR fees already incurred)

Signature

Date