

St. Helena Catholic Church

Consent Form and Liability Waiver - Field Trip or Youth Activity Adult / Chaperone

Participant's Name: _____ Tee Shirt Size: _____

Birth Date: _____ Sex: F/M

Home Address: _____

Phone: Home _____ Cell _____ Work _____

Description of Activity or Event (Please Choose):

Date of Event: _____ Saturday, March 23, 2019 _____

Location/Destination of Event: _____ Abbey Youth Festival _____

Designated Individual in Charge: _____ Laura Faust/Donna Ponson _____

Estimated Time of Departure: _____ 8am _____ and Return _____ 10pm _____

Cost of Event: _____ \$50.00 (THIS DOES INCLUDE FOOD) _____

Food Options: LUNCH - Chick-Fil-A _____ Pizza _____ / DINNER - Chick-Fil-A _____ Jambalaya _____

Mode of Transportation to and from event (Please Choose):

I will use Transportation Provided by Parish _____

I will use personal Transportation (will meet at event site) _____

(If you drive to the event, St Helena is not legally responsible for any harm that may incur to or from the event.)

I am legally responsible for any personal actions I may take.

I agree to hold harmless and defend St. Helena Catholic Church, its officers, directors, employees and agents and the Diocese of Baton Rouge, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with myself attending the event or in connection with any illness or injury (including death) or costs of medical treatment in connection therewith, and I agree to compensate the Parish, its officers, directors and agents, and the Diocese of Baton Rouge, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the Parish/Diocese.

Signature: _____ Date: _____

Printed Name: _____

I, _____ hereby warrant that to the best of my knowledge, I am in good health.

Medical Info: The Parish will take reasonable care to see that the following information is held in confidence.

Allergic reactions (Medications, foods, plants, insects, etc.) _____

Do you have a medically prescribed diet? _____

Do you have any physical limitations? _____

Have you recently been exposed to contagious disease or conditions such as mumps, measles, chicken pox, etc?

Date of last tetanus/diphtheria immunization: (month and/or year) _____

St. Helena should be aware of these special medical conditions:

Medications: I am taking medication at present. I will bring all such medications necessary. Names of medications, including dosage and the frequency of dosage are as follows:

Signature: _____ Date: _____

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to be transported to a hospital for emergency medical or surgical treatment. In the event of an emergency, please contact:

Name and relationship: _____

Phone: _____ Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Printed Name: _____