

Interfaith Youth Day of Service

PARENTAL/GUARDIAN CONSENT FORM & INDEMNITY AGREEMENT

Participant's Name: _____
Birthdate: _____ Sex: _____
Parent/Guardian Name: _____
Home Address: _____
Home Phone: _____ Business or Cell Phone: _____

Date/Type of Event: Monday, Feb 19 – Interfaith Youth Day of Service

Destination: Augsburg University, Foss Center, 625 22nd Ave S, Minneapolis and various service sites

Individual(s) in Charge: Liz Russell

Time: Registration begins at 8:30am. Event ends at 4:30pm.

Mode of Transportation To & From Event: Parents provide transportation to and from Augsburg. IYLC provides bus transportation to and from service sites.

I, _____, grant permission for
(Parent/Guardian Name)

_____ to participate in the above named
(Child Name)

activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parish/school and the Archdiocese of Saint Paul & Minneapolis from any claims or law suits brought against the parish/school/Archdiocese of Saint Paul & Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and Archdiocese in defense of such a claim/law suit.

EMERGENCY MEDICAL TREATMENT: In event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers,

contact: _____ (Name) _____ (Phone No.)

OPTIONAL MEDICAL INFORMATION:

Medication My Child is Taking at Present: _____

Family Health Plan Carrier Number: _____

Family Doctor: _____ Phone: _____

As parent/guardian, I agree to all of the above stated considerations and conditions.

(Signature) (Date)

Please return by Feb 11 to Liz Russell at liz.russell@churchofcorpuschristi.org or Church of Corpus Christi, 2131 Fairview Ave N, Roseville, MN 55113.

Adult volunteers needed! If a parent is available to volunteer all day, please let Liz know as soon as possible.