

# 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 18, 2019 – Interfaith Youth Day of Service  
Destination: Augsburg University, Foss Center, 625 22<sup>nd</sup> 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 13 to Liz Russell at [liz@ccmn.org](mailto:liz@ccmn.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.**