

Walk for Water 2016

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name _____ Sex _____ DOB _____
Parent/Guardian's names _____
Home address _____ Home phone _____
Cell phone #1 _____ Cell phone #2 _____
Emergency Contact _____ Phone _____
Family Physician _____ Phone _____
Allergies/Medical Conditions/Medications: _____
Medical Insurance Provider _____ Insurance # _____

I, _____ grant permission for my child, _____ to participate in this Parish event that requires walking to a location away from and back to the Parish site. This activity will take place under the guidance and direction of Parish employees and/or volunteers from St. Mary Parish.

A brief description of the activity follows:

Type of Event: Benefit Walk-a-Thon

Start and Finish Location: St. Mary Parish - Nancy Bossidy Center, 183 High Ridge Road, Ridgefield, CT. Participants will walk into downtown Ridgefield and back.

Volunteer in Charge: Maura O'Connor, mauratub05@sbcglobal.net

Estimated Time of Departure and Return: 9:00am – 12:00 noon. Lunch served at 12 noon.

Cost: \$5 registration fee (includes lunch)

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 St Mary Parish, its officers, directors, employees and agents, the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Bridgeport, 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.

If needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated and/or given medication in accordance with standard medical practice by licensed medical personnel. I relieve the Diocese of Bridgeport or any of its agents of all responsibility and consequences that may arise as a result of this treatment. I will not hold the Diocese of Bridgeport or any of its agents liable in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment.

Signature: _____ Date: _____