



ST. PHILIP'S YOUTH MINISTRY
PARENT/GUARDIAN PERMISSION
AND LIABILITY WAIVER



EVENT: KODAK KAPERS 2010

Participant's Name: _____

Birth Date: _____ Sex (circle): M / F

Parent/Guardian's Name: _____

Home Address: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Participant's Cell Phone: () _____

I, _____, grant permission for my son/daughter,
Parent or Guardian's Name

_____, to participate in this parish youth ministry event
Child's Name

that requires transportation to a location away from the parish site. I also consent to the use of any videotapes, photographs, slides, audiotapes or other visual or audio reproduction which my son/daughter may appear. I understand that these materials are being used for promotion of the youth ministry of St. Philip's Church. Such promotional activities extend to recruitment, fund-raising, advocacy, etc. This event will take place under the guidance and direction of parish employees and/or adult leader volunteers from St. Philip's Youth Ministry.

Activity: A brief description of the activity/event: Photo scavenger hunt around town

Date(s) of Event: Friday, July 9, 2010

On Site Telephone Number for Emergencies: 201-572-0896

Destination: All around Saddle Brook, NJ and Friendly's on Rt. 46

Individual in Charge: Justin Aughey

Estimated Time of Departure and Return: 4pm-7pm

Mode of Transportation to and from Event: Carpools

Medical Information: Is your child on any medication or have any allergies that we should be aware of?
_____ If yes, please list: _____

As parent/legal guardian, I remain legally responsible for any personal actions taken by my son/daughter named above. I agree on behalf of myself, my son/daughter named herein, our heirs, successors, and assigns to hold harmless and defend St. Philip's Church, its officers, directors, agents and the Archdiocese of Newark from any liability for illness, injury or death arising from or in connection with my son's/daughter's attending the above named event. I release the staff, volunteers, etc. from any liability connected with the use of my son's/daughter's picture or voice recording as part of any of the above or similar activities, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Newark, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

I am also giving medical permission and consent to treat.

Parent/Guardian Name (PRINT)

Parent/Guardian Signature

Signature Date: _____

~~PERMISSION SLIP DUE BY 7/4~~