



Event: _____ Dates: _____
 Location: _____ Mode(s) of Transportation: _____
 Parish/School Name & City _____ Parish/School Group Leader: _____
 Name: _____ Gender: Male / Female (circle one)
 Complete Address: _____
 Home Phone: _____ Cell: _____ E-mail: _____
 Date of Birth: ____/____/____ Age at time of event: _____ School Grade at time of event: _____
 Parent/Guardian Name: _____ Relationship: _____
 Parent/Guardian Home Phone: _____ Work: _____ Cell: _____

DOW-R PARENTAL CONSENT/LIABILITY WAIVER/MEDICAL RELEASE

I, _____, agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the above named parish/school, its officers, directors, employees and agents, and the Diocese of Winona-Rochester, its employees and agents, chaperones, or representatives associated with 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/school, its officers, directors and agents, and the Diocese of Winona-Rochester, its employees and agents and chaperones, 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/school or the Diocese of Winona-Rochester.

IMAGE WAIVER: I understand and agree that any photograph, video and internet site image of me during this event may be used for promotional purposes.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital.

EMERGENCY CONTACT: In the event of any emergency, if you are unable to reach me at the above numbers, contact:

_____ Relationship _____ Home Phone _____ Work Phone _____ Cell Phone _____
 Alternative contact name (printed)

Medication my child is taking at present: _____. My child will bring all such medications necessary, and such medications will be well-labeled and in original containers. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage is as follows: _____

Family Health Plan Carrier _____ Policy #: _____
 Family Doctor _____ Clinic _____ Phone Number _____

The undersigned parent/guardian hereby consents that the Diocese of Winona-Rochester be permitted to use and publish for advertising, commercial or publicity purposes, the photograph or video of my child for lawful purpose and the undersigned parent guardian does hereby release the Diocese of Winona-Rochester from any liability in connection with such use.

Student signature: _____ Date: _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Signature _____

Date _____