DIOCESE OF COVINGTON PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's Name				1				
Birth Date			Sex					
Parent/Guardian's:								
Name								
Home Address								
Home Phone				Business P	hone			
I,	, grant p	ermission for my chil	d			, to part	icipate in th	is diocesan/parish/youth
ministry activity as desc	ribed below that requires	transportation to a loc	cation awa	ay from the pa	rish site.	This activity w	ill take place	e under the guidance and
direction of diocesan/pa	rish employees and/or vol	unteers from St. Jose	ph Parish	& St. Walbur	g Monast	ery.		
As parent and/or legal g	uardian, I remain legally r	esponsible for any per	rsonal act	ions taken by t	he above	named minor ("	participant").
I agree on behalf of mys	self, my child named here	in, or our heirs, succe	ssors, and	d assigns, to he	old harml	ess and defend	St. Joseph	Parish and St. Walburg
Monastery , its officers	directors and agents, and	d the Diocese of Cov	ington, cl	haperones, or	represen	tatives associate	d with the a	activity for any claim or
damages to any person	or property, arising from	or in connection with	my child	attending the	activity of	or in connection	with any ill	ness or injury or cost of
medical treatment in con	nnection therewith, and I a	gree to compensate th	he parish,	its officers, di	rectors ar	nd agents and the	e Diocese of	Covington, chaperones,
or representative associa	ted with the activity for re	asonable attorney's fe	ees and ex	penses arising	in conne	ction therewith.		
Parent/Guardian Signatu Participant's Signature	re	(If under 1)	8 yrs. of a	ige)		_ Date		
	ACT	IVITY INFORMAT	TION	Ci	rcle one.			
	ervice Program			Da	ate <u>7/3</u>	1 & 8/8	Cost	\$20.00
Location Various agencies in Covington, KY					Ph	one	859-	380-7192 Cell
Starting Time	9:00 AM	Meeting Place	Be Con	cerned, 1100	Pike St.	Covington, KY	41011	
Ending Time	3:00 PM	Meeting Place	Be Concerned, 1100 Pike St. Covington, KY 41011					
Type of Transportation	Own	Contact Person	Tina F	Klare			Phone	859-380-7192
	ack a lunch and dr	ink. Arrive no la	ter tha	n 8:55 as w	e begin	promptly a	nt 9.	
		MEDIC	AL INFO	DRMATION				
		Completed By Par	rent or G	uardian – Ple	ase Print			
Child's Name						Birth Date		
Allergies								
Medications								
Chronic Conditions (e.g								
Chronic Conditions (e.g. Medical Insurance Com	epilepsy, diabetes)					Policy	Number _	
Chronic Conditions (e.g. Medical Insurance Com Member's Name	epilepsy, diabetes)	Но	ome Phon	e		Policy	Number	

Yes, my child's picture may be used in promotional material by the diocese, St. Joseph Church, and St. Walburg Monastery.