

## Three6Teen Crew Parental/Guardian Consent Form and Liability Waiver

Student's Name \_\_\_\_\_  
DOB \_\_\_\_\_ Age \_\_\_\_\_  
Student's E- Mail Address \_\_\_\_\_  
Parent/Guardian's Name \_\_\_\_\_  
Address \_\_\_\_\_ Home phone \_\_\_\_\_  
Work phone \_\_\_\_\_ Emergency# \_\_\_\_\_  
Parent's E-Mail Address \_\_\_\_\_

I \_\_\_\_\_ (Parent/ Guardian) Grant Permission for my child,  
\_\_\_\_\_ to participate in this Three6Teen Crew event that requires transportation to a  
location away from the parish site. This activity will take place under the guidance and direction of (Safe  
Environment Trained) parish volunteers of St. Mary's and Saint Joseph's.

Type of event: \_\_\_\_\_

Date of event: \_\_\_\_\_ Destination: \_\_\_\_\_

Individuals in Charge: \_\_\_\_\_

Estimated time of Departure and Return:

Departure: \_\_\_\_\_ Return: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_ Cost; \_\_\_\_\_

As the Parent and or Guardian, I remain legally responsible for any personal actions taken by above named minor (student). I agree on behalf of myself, my child named herein, or our heirs, successors and assigns to hold harmless and defend the Parish of St. Mary's and Saint Joseph's, its officers, directors and agents, chaperones and employees or representatives associated with this event, arising from or in connection with my child attending this event with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents and the chaperones, or representatives associated with this event for reasonable attorney's fees and expenses arising in connection there with.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### MEDICAL RELEASE FORM

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor, in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

This release is intended for \_\_\_\_\_. This release for is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Specific medical allergies, chronic illnesses or other conditions: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_