## **DIOCESE OF COVINGTON**PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's Nam	e									
Birth Date				Sex						
Parent/Guardian's	: [									
Name	Τ '	'								
Home Address										
Home Phone					Business	Phone				
I,	d			, to par	ticipate in th	nis diocesan/parish/	youth			
ministry activity as de	scribed below t	nat requires transpo	ortation to a loca	ation awa	ay from the p	parish site.	This activity w	ill take place	e under the guidanc	e and
direction of diocesan/p	arish employee	s and/or volunteers	from St. Josep	ph Parish	& St. Walb	urg Monas	stery.			
As parent and/or legal I agree on behalf of m Monastery, its office damages to any person medical treatment in cor representative associated associated and the second parent/Guardian Signal Parent/Guardian Signal	yself, my child rs, directors and n or property, a connection there riated with the a	named herein, or collagents, and the Exising from or in collagents, and I agree to	our heirs, success Diocese of Coving Connection with the compensate the	ngton, cl my child e parish, es and ex	d assigns, to haperones, o attending th its officers, expenses arisin	hold harm r represent ne activity directors a	elless and defend ntatives associate or in connection and agents and the	St. Joseph ed with the an with any illustrate Diocese of	Parish and St. Wa activity for any cla lness or injury or c	nim or
			(11 unuel 16	y15. 01 a	ige)					
Participant's Signature	;						Date _			
			INFORMAT	ION	•	Circle one	<b>.</b>			
Activity S.E.E.K. Service Program  Various agencies in Covington VV			<b>T</b> 17		Date 7/26 & 8/7				Cost \$20.00 859-380-7192 Cell	
Location Various agencies in Covington, KY			.1	Phone					360-7192 Cell	
Starting Time	9:00 AM	Me	eting Place	Be Conc	cerned, 110	0 Pike St.	Covington, KY	41011		
Ending Time	2:00-3:00	PM Me	eting Place _	Be Con	cerned, 110	0 Pike St.	Covington, KY	41011		
Type of Transportation	Own	Cor	ntact Person	Tina k	Klare			Phone	859-380-719	<del>)</del> 2
Other Information	Pack a lunc	h and drink. A	Arrive no lat	ter tha	n 8:55 as	we begi	n promptly	at 9.		
			MEDICA	AL INFO	ORMATION	<u>1</u>				
		Con	pleted By Pare	ent or G	uardian – P	lease Prin	it			
Child's Name							Birth Date _			
Allergies										
Medications										
Chronic Conditions (e	g. epilepsy, dia	petes)								
Medical Insurance Co		Policy Number								
Member's Name Home Phor					ne Work Phone					
Family Doctor							Phone	;		

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