

**DANCE CAMP PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Participant's name (child): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_

(Parent/Guardian's name)

(Child's name)

to participate in \_\_\_\_\_.

This activity will take place under the guidance and direction of parish employees and/or volunteers from \_\_\_\_\_.

(Name of parish/school)

A brief description of the activity follows:

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

Location of event: \_\_\_\_\_

Individual in charge: \_\_\_\_\_

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend \_\_\_\_\_, it's officers,

(Name of parish)

directors, employees and agents, and the Arch Diocese of \_\_\_\_\_, it's employees and agents, chaperones, or representatives associated with the event, from or in connections 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, it's officers, directors and agents, and the Arch Diocese of \_\_\_\_\_, it's 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/diocese.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL MATTERS:** 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. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Family doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_