



CHURCH OF ST. JOHN NEUMANN YOUTH MINISTRY EVENTS

EVENT: _____
DATE(S): _____
TIME(S): _____
LOCATION: _____

PARENTAL AUTHORIZATION AND LIABILITY WAIVER

Participant's Name _____ Age _____ Grade _____
Address _____
Regularly Checked E-Mail _____
Parent(s)/Guardian(s) Name(s) _____ Phone (Home) _____
(Work/Cell) _____

(For Parent(s)/Guardian(s)) I give my permission for this child to participate in the above named activity and I warrant that this child is in good health. In consideration of this child's participation, I agree to indemnify the **Church of Saint John Neumann** and the Archdiocese of Saint Paul and Minneapolis from any claims or law suits brought against **the Church of Saint John Neumann** and the Archdiocese of Saint Paul and Minneapolis by myself, this child, or others, that arises out of any behavior by this child at the above named activity. I also agree to pay reasonable attorney's fees or expenses incurred by the **Church of Saint John Neumann** and the Archdiocese of Saint Paul and Minneapolis in defense of such a claim or law suit.

If this child is suspected to be in possession of items that should not have been brought according to the Code of Conduct, I understand that this child's bag(s), apparel not being worn, and/or bunk space may be searched by an adult staff member and I hereby give permission for this action (but only in this circumstance). (This rarely occurs.)

I authorize the use of my child's picture used in electronic or printed communication. I will make it known if I do not in writing. (No identifying information will ever be included with the picture.)

In the event of medical emergency and I cannot be contacted, I authorize that emergency treatment be administered.

I authorize that the use of pain-relievers may be used according to package directions in non-emergency situations, as assessed and to be monitored by adult event leader(s).

I authorize my child to use electronic communication in regards to this event.

I, the undersigned, having read this release, understand and sign this authorization and waiver form voluntarily.

Signature (Parent/Guardian) _____ Date _____

In case of emergency injury or illness, contact:

_____ Phone _____

Or _____ Phone _____

Doctor's Name _____ Phone _____

Address _____

Insurance Policy and Number(s) _____

List medications, doses, and dosing schedules (use back of page as necessary):

Identify any activities in which your child should not participate:

Identify any special circumstances we should be aware of regarding your child:

If there is a cost to participate, \$_____ is enclosed.

Please use checks made payable to "SJN" or cash.

(Check here ___ for information on assistance.)

THANK YOU.

PARENT/GUARDIAN:
I/We:
 ___ will
Or
 ___ will not
Assist with this event.

Please return to:
Steve Grass/Tammy Baker
Church of Saint John Neumann
4030 Pilot Knob Road
Eagan, MN 55122