



Participant Permission Form

I, _____ give permission for _____
Parent/Guardian Name Participant Name

to attend the following activity (include location if different from Parish):

with _____ on _____
Name of Parish/Organization Date(s)

from _____ to _____
Time Time

This event will be supervised by _____
Name of ministry coordinator or volunteer in charge of the event

I understand that a certain degree of risk that could result in injury, death or loss or damage to person or property is inherent with this activity. After carefully considering the risk involved, I hereby release, hold-harmless and waive all claims associated with this activity which I may have against the Parish, the Diocese of Calgary, its employees, officers, directors, agents, and volunteers (collectively the "Parish").

I understand that reasonable precautions will be taken to protect the health and well-being of my child who is participating in the event during their attendance and participation. I will be notified as soon as possible in case of an emergency but if neither emergency contact person can be reached, I consent to the Parish Program Coordinator and/or their representative securing emergency medical care for my child at any hospital or authorized health care centre they deem necessary and appropriate for the care of my child and that I will be financially responsible for any costs associated with the medical services provided. I further agree that the Parish will not be responsible or liable for anything that happens during my child's travel to or from the activity.

Parent/Guardian Signature Date

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Emergency Contact Information:

Primary Contact Person: _____

Primary Phone Number: _____

Alternate Contact Person: _____

Primary Phone Number: _____