

Summer Festival Camp 2024
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER



Participant's name: _____ Participant Phone #: _____

Parent/Guardian's name: _____

Parent Cell phone: _____ Parent Email: _____

I, _____ grant permission for my child, _____
to participate in this parish event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from Sacred Heart – Sauk Rapids.

Name of parish: Sacred Heart

A brief description of the activity follows:

Type of event: **Summer Festival Camp**

Grades: 6 – 8

Date of event: Sunday, July 14 – Wednesday, July 17, 2024

Destination of event: **Gustavus Adolphus College, St. Peter, MN**

Cost: **\$270** – students are responsible to bring money for food / snacks on the way

People in charge: Scott Frieler & Jason Prigge

Times: 9:00 AM (Sunday) – 1:45 PM (Wednesday)

Mode of Transportation: Volunteers and Staff will drive

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 Sacred Heart, its officers, directors, employees and agents, and the Diocese of St. Cloud, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection 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, its officers, directors and agents, and the Diocese of St. Cloud, its employees and agents and chaperons, 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.

___ I have completed the Medical Release form for Sacred Heart.

___ I acknowledge that all information on my Medical Release form is correct and current. I am aware that Sacred Heart is not liable or responsible for any errors, omissions or failure to update information on my Medical Release form.

Signature: _____ Date: _____