

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

Participant's Name \_\_\_\_\_

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

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

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child \_\_\_\_\_, to participate in this diocesan/parish/youth ministry activity as described below that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of diocesan/parish employees and/or volunteers from Diocese of Covington. If transportation is required during the activity, I give permission for my child, \_\_\_\_\_ to ride with a driver 21 years or older.

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 Diocese of Covington, its officers, directors and agents, and the Diocese of Covington, chaperones, or representatives associated with the activity for any claim or damages to any person or property, arising from or in connection with my child attending the activity or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents and the Diocese of Covington, chaperones, or representative associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If under 18 yrs. of age)

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**ACTIVITY INFORMATION**

Activity FC Cincinnati Soccer Game Date Sat. June 30, 2018 Cost \$12.00

Location Univ of Cincinnati Nippert Stadium, Cincinnati OH Phone (**Emergency**) \_\_\_\_\_

Starting Time 7:30 PM Meeting Place \_\_\_\_\_

Ending Time \_\_\_\_\_ Meeting Place \_\_\_\_\_

Type of Transportation Own Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Other Information \_\_\_\_\_

**MEDICAL INFORMATION**

**Completed By Parent or Guardian – Please Print**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Chronic Conditions (e.g. epilepsy, diabetes) \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Member's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

       **Yes, my child's picture may be used in promotional material by the Diocese of Covington and any of its parishes or organizations.**