

Bring original on day of event. The Adult Chaperones should keep a copy of this form for the duration of the event.

## Parental/Guardian Consent Form and Liability Waiver

Description of Activity or Event: "Jubilee Youth Day 2025"

Date: August 2, 2025

Location: Marycrest Convent, Monroe, NY 10950

Individuals in Charge:

From the Parish/School: \_\_\_\_\_

From the Event: *Parish Visitors of Mary Immaculate*

Mode of Transportation to/from Parish/School to Marycrest Convent Monroe, NY:

Estimated time of Departure from Parish/School: \_\_\_\_\_

Estimated time of Departure from Marycrest Convent Monroe, NY \_\_\_\_\_

### Youth Participant Information

Participant's name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Year of HS Graduation: \_\_\_\_\_ T-shirt size: \_\_\_\_\_ Adult Chaperone: \_\_\_\_\_

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

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

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Mobile Phone(s): ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Parent email: \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_ to participate in this event that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of the *Parish Visitors of Mary Immaculate* and parish employees and/or volunteers from \_\_\_\_\_.

*Name of Parish/School/Group*

\_\_\_\_\_**INITIAL HERE if you DO NOT wish for your child to be photographed or recorded on video** during the course of this event for their image to be used in either print, electronic, or video form for promoting youth ministry or the mission of the *Parish Visitors of Mary Immaculate*.

### Hold Harmless Agreement

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 \_\_\_\_\_, its

*Name of Parish/School/Group*

officers, directors, employees and agents, and the *Parish Visitors of Mary Immaculate*, its employees and agents, chaperones, 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 *Parish Visitors of Mary Immaculate* its 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/school/*Parish Visitors of Mary Immaculate*.

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