

Parental/Guardian Consent Form/Liability Waiver For Diocese of Norwich- Hike with Bishop Reidy

Participant's Name _____ Age _____ Grade _____ Gender _____

Participant's Email _____ Cell: _____

Parent/Guardian Name _____

Street Address/City/State/Zip _____

Parent/Guardian Email _____ Cell: _____

I give permission for my son/daughter _____ to attend and participate in the Hike with Bishop Reidy at Hurd State Park in East Hampton on Saturday, July 19th. This activity will take place under the guidance and direction of employees and/or volunteers from the Roman Catholic Diocese of Norwich and _____.
ADD YOUR CHURCH & CHURCH LOCATION. Youth are expected to stay until the end of event –if leaving early, one MUST have parent/guardian written permission.

While youth are responsible for their own behavior, as parent and/or legal guardian, I remain legally liable for any actions or damages made by the above named minor. I am aware that I will be called if my child has to be sent home. I agree on behalf of myself, my child named herein, our heirs, successors, and assigns to hold harmless and defend the Roman Catholic Diocese of Norwich, and parish/school named above, and their officers, directors, agents, employees, representatives associated with this event from any and all liability claims, loss or damage arising from or in connection with my child attending this event or in connection with any illness or injury or cost of medical treatment in connection therewith. I agree to compensate the above entities for reasonable attorney fees and expenses arising in connection therewith. I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child. In the event of an emergency and I cannot be reached, I hereby give permission to transport my child to a hospital or medical facility and to seek medical attention.

In signing below, I understand that the named youth be able to enter Hurd State Park sites and areas therein as appropriate. Presence in unauthorized areas will serve as grounds for suspension or termination of access/privileges. By use hereof, the bearer voluntarily assumes all risks and dangers incidental to the events and activities for which this credential is issued, whether occurring prior to, during or after same, and agrees that the Diocese of Norwich/ ADD CHURCH NAME _____ and its agents, staff and volunteers are not responsible or liable for injuries or damage suffered by the bearer resulting from or arising out of such activities; and consents to a reasonable search of carry-in items and/or his or her person for security reasons, if deemed necessary by the Diocesan or Chaperone staff or law enforcement agencies. Failure to comply with the above conditions may result in non-admission and/or confiscation hereof. I grant the Diocese of Norwich my consent without reservation to use, assign, convey, reproduce, copyright, publish my/my child's first name, voice, image, and/or likeness that arises from his/her participation in the Event, whether still or motion pictures, audio or video tape, for promotional, instructional, business or any other lawful purposes, at the sole discretion of the Diocese of Norwich.

Emergency contact: Name _____ Relationship _____ Phone _____

Doctor: Name _____ (phone) _____

Insurance Company _____ Employer _____ Group # _____

Subscriber name _____ Subscriber # _____

Allergies: (medication, foods, etc) _____

Medications currently taking that may affect treatment: (name/dosage) _____

Retreat should also be aware of these special medical/ physical/ mental conditions of my child:

(I agree that the **Hike with Bishop at Hurd State Park** cannot be responsible for any special needs that my child may have like recent injuries, exposure to contagious diseases, etc.):

STUDENT SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____