

# WINTERBLAST LOCK-IN

## PARENTAL CONSENT FORM & INDEMNITY AGREEMENT FOR PARTICIPANT

Participant Name: \_\_\_\_\_

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

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Sex: M / F Grade in School (18-19): \_\_\_ Email: \_\_\_\_\_

Parent/Guardian#1: \_\_\_\_\_ Parent/Guardian#2: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone : \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone : \_\_\_\_\_

Date of Event/Field Trip: **Friday/Saturday, December 14-15, 2018** **\*\*Form & payment due Nov. 14\*\***

Destination: **St. Vincent de Paul Catholic Church and Maple Grove Community Center**

Individual in Charge: **Kristen Neuman kneuman@churchofsttimothy.com**

Time of Departure: **7:00pm (meet in chapel)** Estimated Time of Return: **6:00am**

Mode of Transportation To & From Event: **Parent Drivers** Cost for event: **\$20** (checks to Church of St. Timothy)

### **WILL YOU HELP MAKE THIS EVENT POSSIBLE?-- YOU ARE NEEDED AS A CHAPERONE!**

Willing to drive to and/or from event? (Circle One) YES NO Call if Needed

\_\_\_\_\_ T-shirt size for chaperone: \_\_\_\_\_  
Chaperone Name/Number

I, \_\_\_\_\_, grant permission for \_\_\_\_\_  
Parent or Guardian Name Child Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the Church of St. Timothy, *all Churches participating, and the Archdiocese of St. Paul & Minneapolis* from any claims or law suits brought against the Church of St. Timothy, *all Churches participating, and the Archdiocese of St. Paul & Minneapolis* by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the Church of St. Timothy, *all Churches participating, and the Archdiocese* in defense of such a claim/suit. Should photos or video be taken, I give my permission for the use of my child's image and /or likeness in any promotional or other marketing activities relating to the youth ministry programs of Church of St. Timothy *and all Churches participating*.

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact

\_\_\_\_\_  
Name/Relation Emergency Phone Number

### **OPTIONAL MEDICAL INFORMATION:**

Medication my child is taking at present: \_\_\_\_\_

Family Health Plan carrier number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

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

