



DIOCESE OF BIRMINGHAM IN ALABAMA- FORM CH-1
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

TYPE OR PRINT CLEARLY ALL INFORMATION

Child: _____ Sex: _____ Date of Birth: _____

Parent(s)/Guardian(s): _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Other/Cell Phone: () _____

I, *(name of parent or guardian)* _____ request that my
child *(name of child)* _____ participate in this
school event that requires transportation to a location away from the school site.

This activity will take place under the guidance and directions of personnel from
_____ School.

A brief description of the activity follows:

Date of event/activity: _____

Type of event/activity: _____

Destination of event/activity: _____

Name and Location of the overnight lodging (if applicable): _____

Individual in charge of and responsible: _____

Estimated time in departure and return: _____

Mode of transportation to and from event: _____

I do hereby further give consent for all emergency medical care (including surgery, if deemed necessary and recommended by at least two attending physicians) prescribed by a duly licensed physician for my child in the event of injury or illness to my child during the above-named activity. This emergency medical care may be given under whatever conditions are deemed necessary, or whatever conditions may then and there exist, so as to preserve and protect the life, limb, health and well-being of my child.

In consideration of the school allowing my child to participate in this event, I do hereby agree to forever indemnify, exonerate, hold-harmless and defend the owner and driver of the private motor vehicle, the Parish, the pastor, and staff members and all school personnel, and the



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Bishop of Birmingham in Alabama, a corporation sole, and in said bishop's individual capacity, and their respective successors in office, from all claims, demands, actions, and causes of action, arising out of or in any way pertaining to any bodily injury or illness, including death, incurred by my child during the course of any said activities, and including emergency medical and/or surgical treatment for my child and whether or not said claim, demand, action or suit is based on, or alleged to be based on, in whole or part, the negligence, wantonness, or other similar conduct of any of The Indemnites. Parent Initials here: _____

This Indemnity applies, in all events, to the extent that such an injury, damage, illness, or death to my child is not covered by applicable or enforceable liability insurance available to The Indemnites, or when the amount of liability exceeds the said insurance policy limits. I assume all risks and hazards incidental to or attendant with my child's participation in the above-named activity, and in each phase of it.

I request that in the event of any medical or other emergency involving my child during the above named event, when neither myself or the child's other parent is readily available to be contacted by phone, that the adult supervisor contact the following person, who will have authority to speak for me with respect to the emergency needs of my child.

Alternate Contact: _____ Relationship: _____

Phone(s) of Alternate: _____

Signature(s) of Parent/Guardian: _____