

**Sts. Anne & Joachim Catholic Church**  
**8<sup>th</sup>-12<sup>th</sup> Grade Summer Retreat @Pelican Lake**  
**PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**  
**Registration Fee-\$75.00 Registrations Due Friday July 22**

Participant's name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Male/Female: \_\_\_\_\_

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

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_  
(Parent or guardians name) (child's name)

to participate in the Summer Retreat that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and volunteers from Sts. Anne & Joachim. A brief description follows:

Type of event: Summer Retreat  
Destination of event: Darrel & Julie Bachman's Lake Home  
Individual in charge: Sue Ripplinger  
Date of event: August 9-11  
Mode of transportation: Private Vehicles

As a 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 Sts. Anne & Joachim and the Diocese of Fargo, its directors and agents, chaperons, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment, and I agree to compensate Sts. Anne & Joachim and the Diocese of Fargo, its directors and agents, chaperons or representatives associated with the event for reasonable attorney's fee and expenses arising in connection therewith.

I give permission for the above named minor ("participant") to take part in water activities such as swimming, boating, tubing and water skiing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

***Participants Medical Information***

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Dr. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current Medication(s): \_\_\_\_\_

Reason for Taking: \_\_\_\_\_

Chronic Medical Problems: \_\_\_\_\_

***Emergency Contact-If unable to reach Parent/Guardian***

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

Relationship to Participant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

***Photography: Photos will be taken during this event.***

**\_\_\_\_\_ I give permission for my child's photo to be taken at this event. I understand that my child's photo may be made public to the parish through the bulletin, parish web-site or parish bulletin boards.**

**\_\_\_\_\_ I do not wish for my child's photos to be made public.**

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