

**ST.BARNABAS, ARDEN, NC
PARENTAL/LEGAL GUARDIAN PERMISSION FORM FOR YOUTH GROUP
ACTIVITY AND FIELD TRIP PARTICIPATION**

Dear Parent or Legal Guardian:

Your son/daughter, guardianship is eligible to participate in parish-sponsored activities that requires personal transportation to locations away from your home site of St. Barnabas Church. These activities will take place under the guidance and supervision of adult chaperones. A brief description of the activities for the 2017-2018 school year follows:

Off site activities: National March for Life in Washington D.C., travelling by bus (January 18-20, 2018), Bishop Jugis' Eucharistic Lenten Pilgrimage at Belmont Abbey College, travelling by bus (March 24, 2018), Diocesan Youth Conference, April 27-29, 2018, Confirmation candidate trip to ABCCM Veteran's Quarters, Asheville NC, travelling by car (date TBA), Manna Food Bank, Asheville NC, travelling by car (date TBA), Baabal's Ice Cream in Fletcher, NC (multiple dates announced through email), ongoing visits to The Oaks nursing home, Arden NC, travelling by car.

Onsite activities: Ball games: basketball, knock-out, soccer, touch football, volleyball, kickball, whiffle ball, dodge ball, four-square, Gotcha!. Other outdoor games: sliding on a soap covered tarp, nerf-sword fights, tag games, capture the flag, flashlight tag in the dark (indoor or outdoor). Indoor games: board and card games including Spoons, Egyptian Rat Slap (ERS), trust building games involving falls or blindfolds.

DESIGNATED SUPERVISOR OF ACTIVITIES: Simeon Willis

Important Information

The Catholic Bishop of Charlotte (the CBC) and St. Barnabas Parish (the parish) are committed to conducting its athletic programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their child in athletic programs must recognize, however, that there is an inherent risk of injury when choosing to participate in athletic activities. The CBC and the parish continually strive to reduce such risks and insist that all participants follow safety rules and instructions which have been designed to protect the participant's safety.

Please recognize the CBC and the parish do not carry medical accident insurance for injuries sustained in its programs. The cost of such would make the program fees prohibitive. Therefore, each person registering themselves or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the BCB of the parish automatically responsible for the payment of medical expenses.

Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the CBC and the parish requires the execution of the following Waiver and Release. Your cooperation is greatly appreciated.

Waiver and Release of All Claims

Please read this form (continued on reserve side) carefully and be aware in registering your minor child/ward for participation in this program you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this program.

Program: St. Barnabas Church Youth Ministry, Program Dates: July 1, 2017-June 30, 2018

(Waiver and Release of All Claims, continued from front page)

As the parent/guardian of the participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, (including death), damages, or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program.

I agree to waive and relinquish all claims I or my minor child/ward may have, as a result of participating in the program, against the CBC, the youth program of the parish, the parish, and their respective agents, servants, volunteers and employees.

I do hereby fully release and discharge the CBC, the youth program of the parish, the parish, and their respective officers, agents, servants, volunteers and employees from any and all claims from injuries, (including death), damages or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward on account of participation in the program.

I further agree to indemnify and hold harmless and defend the CBC, the youth program of the parish, the parish, and their respective officers, agents, servants, volunteers, and employees from and all claims resulting from injuries, (including death), damages and losses sustained by me or my minor child/ward or arising out of, connecting with, or in any way associated with the activities of the program.

I have read and fully understand the above Program Details, Waiver, and Release of All Claims and Permission to Secure Treatment.

Additionally, if you would like your child to participate in any or all of these events, please complete, sign and return the following statement of consent and release of liability. As parent, or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named child. I hereby consent to participation by my child, _____, in the events described on the front page of this form except those mentioned by me below. I understand that some of these events will take place away from parish grounds and that my child will be under the supervision of the designated supervisor in the 2017-2018 school year and following summer. I further consent to the conditions stated above on participation in these events, including the method of transportation. I give my permission for my child, in case of an emergency, to be taken to a physician or hospital by either the supervisor in charge or by an adult chaperone. I understand that every effort will be made to contact me. If I cannot be reached, however, I hereby give permission to the physician selected by the supervisor in charge or adult chaperone(s) to hospitalize and secure proper treatment (including surgery) for my son/daughter. The cost of any necessary medical care or treatment for my son/daughter will be at my expense.

OF THE OFF-SITE AND ONSITE ACTIVITIES LISTED ABOVE, I MAKE EXCEPTION TO AND DO NOT GIVE MY CHILD PERMISSION TO PARTICIPATE IN ANY OF THE FOLLOWING: _____

Parent's or Legal Guardian's Signature, Date: _____

Phone number where you can be reached in case of emergency: _____

Accident/Hospitalization Policy Name: _____

Policy Number: _____

Please complete return this entire form, front and back, along with your registration form.