

OUR LADY QUEEN OF PEACE - YOUTH MINISTRY PROGRAM
Parent/Guardian Consent Form & Liability Waiver - One Evening Event

Participant's Name: _____ Participant Cell Phone: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____ Parent/guardian Cell Phone: _____

Transportation to/from Event Provided by: _____

I, (name of parent or guardian) _____, grant permission for my child (name of child) _____ to attend "A Night with Cardinal Tobin" on Tuesday, October 10, 2017, from 7:00 p.m. to 9:00 p.m. This event is being sponsored by the Office of Youth & Young Adult Ministry, to be held at the Archdiocesan Youth Retreat Center located at 499 Belgrove Drive, Kearny, NJ. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor (participant). My child will be dropped off at Our Lady Queen of Peace Parish Center Parking lot at 6:15 p.m. and will be returning at the same location at approximately 9:30 p.m. The above-named person transporting my child has a valid New Jersey driver's license and the automobile used for transportation is fully insured.

For value received, I agree on behalf of myself, my child's other parent if known or living (name of parent) _____ my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Archdiocese of Newark, Our Lady Queen of Peace Parish ("OLQP"), Our Lady Queen of Peace Youth Ministry ("OLQP YM"), The Office of Youth and Young Adult Ministry ("OYM"), its officers, directors, and agents, and all parishes within the archdiocese, and the officers, agents, representatives, volunteers and employees of either the archdiocese or any parish thereof, and chaperones, or representatives associated with this event with respect to any and all actions, claims or demands that may be made or brought against OLQP, OLQP YM, OYM, its officers, directors and agents, and the Archdiocese of Newark and all parishes within the archdiocese, and the officers, agents, representatives, volunteers and employees of either the archdiocese or any parish thereof, and chaperones or representatives associated with the event, arising from or in connection therewith, and I agree to compensate OLQP, OLQP YM, OYM, its officers, directors and agents, and the Archdiocese of Newark and all parishes within the archdiocese, and its officers, agents, representatives, volunteers and employees of either the archdiocese or any parish thereof, and chaperones or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

I hereby give permission for images of my child, captured during the above named event, through video, photo and digital camera, to be used solely for the purposes of promotional material and publications within the Archdiocese of Newark and waive any rights of compensation or ownership thereto.

Medical matters: 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.

Emergency Medical Treatment: In the event of any emergency, I hereby give permission to Our Lady Queen of Peace, Our Lady Queen of Peace Youth Ministry Chaperones, its officers, directors, and agents, and the Archdiocese of Newark and all parishes with the archdiocese, and the officers, agents, representatives, volunteers and employees of either the archdiocese or any parish thereof, and chaperones or representatives, associated with the event to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Emergency Contact Name: _____ **Phone:** _____

Relationship to Participate: _____ **Phone:** _____

Family Doctor: _____ **Policy No.:** _____

Health Plan Carrier: _____ **Date:** _____

Participant Signature: _____ **Date:** _____

Parents/Guardians:

(Please Print) _____ (Signature) _____ **Date:** _____

(Please Print) _____ (Signature) _____ **Date:** _____