

WAIVER AND RELEASE STATEMENT

Parent/Guardian _____ Relationship _____

Home phone _____ Work _____ Cell _____

E-mail: Home _____ Work _____

Parent/Guardian _____ Relationship _____

Home phone _____ Work _____ Cell _____

E-mail: Home _____ Work _____

Names of Child(ren) _____

Important information:

Family Health Care Plan Carrier _____ Policy # _____

Phone number _____

I, _____
(parent)

grant permission for my child(ren) _____,

to attend Faith Formation Classes either at St. John Church or any related events off campus. These classes will take place under the guidance and direction of parish employees and/or volunteers from St. John Church. The classes will take place from September through May.

As 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 my child named herein, or our heirs, successors, and assigns, to hold harmless and defend The Church of St. John, its officers, directors, employees and agents, and the Diocese of St. Cloud. its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of St. Cloud, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Signature _____ Date _____