PARENT/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

PARTICIPANT'SNAME:	
BIRTHDATE:	SEX:
PARENT/GUARDIAN'S NAME:	
HOME PHONE: ()	CELL PHONE: ()
permission for my child(name of chi participate in this parish youth minis parish site. This activity will take place	,grant ild), to try event that requires transportation away from the ce under the guidance and direction of parish Marci S. Morrison. A brief description of the activity
Type of Event or activity: <u>ROLLER SK</u>	ATING AT SKATE WORLD SAN DIEGO
Destination of event or activity: <u>SKA</u> <u>Diego CA 92111</u>	TE WORLD SAN DIEGO 6907 Linda Vista Road, San
Individual in charge of and respons	ible: MARCI S. MORRISON 619.786.1846 (cell)
Date of event: <u>Saturday</u> , <u>August 2</u> ,	<u>2014</u>
Estimated time of departure and re	turn: <u>1:30 PM-5:00 PM</u>
Mode of transportation to and from transportation to and from SKATE W	n event: <u>Students will be responsible for their</u> ORLD.
Cost: \$7 per person + \$4 for Skate R	<u>ental</u>
As parent, and/or legal guardian, I taken by the above named young	remain legally responsible for any personal actions person ("participant").
and assigns, to hold harmless and dagents, and the Diocese of San Die the event, arising from or in connection with any illness or injury	d's other parent if known or living (name of parent) My child named herein, or our heirs, successors, lefend St. Charles Parish, it's officers, directors and ego, chaperones, or representatives associated with the tion with my child's attending the event or in or cost of medical treatment in connection ate the parish, its officers, directors or agents, and

the Diocese of San Diego, chaperones, or representative associated with the event for reasonable attorney's fees and expenses arising in connection therewith.	
Signature:	Date: