

(STUDENT)
ABBEY YOUTH FESTIVAL - MARCH 8, 2008

PARENTAL/LEGAL GUARDIAN CONSENT FORM AND LIABILITY WAIVER
RETURN TO HOLY GHOST YOUTH OFFICE NO LATER THAN FEB. 3, 2008
WITH \$10.00 REGISTRATION FEE

Participant's name: _____
Birth date: _____ Sex: _____
Parent/Guardian's name: _____
Home address: _____
Home phone: _____ Work phone: _____
Cell phone: _____

I, _____, grant my permission for my child, _____
Parent or Guardian's name Child's name

To participate in this parish youth ministry event 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/or volunteers from Holy Ghost Parish @ 601 N. Oak Street, Hammond, LA.

A brief description of the activity that follows:

Type of event: Abbey Fest

Destination of event: St. Joseph's Abbey, Covington, LA

Individual in charge: Christine Ingrassia

Estimated time of departure and return: March 8, 2008; 8 am to 10pm

Mode of transportation to and from event: Volunteer Drivers

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 myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Holy Ghost Parish, its officers, directors, employees and agents, and the Diocese of Baton Rouge, 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 Baton Rouge, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which they 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: _____

FEE MUST BE INCLUDED WITH THIS FORM: \$10.00