

Diocese of Orlando Parental/ Guardian Consent Form & Liability Waiver  
(This form is required for minors to attend an off property event or trip.)

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_ City/State/ \_\_\_\_\_

Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Other number where Parent/Guardian can be reached during event: \_\_\_\_\_

**Consent & Liability Waiver**

**Important! To be filled out by the Parent/Guardian for youth under 18 years of age and individuals age 18 or older and in high school.**

In consideration of the program in which my son/daughter will participate, I, as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany (entity name) \_\_\_\_\_ to:

**Event & Location:** \_\_\_\_\_

**Date & Time:** \_\_\_\_\_

**Transportation Not Provided**

**Transportation Provided**

**Method of Transportation:** \_\_\_\_\_

I acknowledge that (entity name) \_\_\_\_\_ is providing transportation only from (entity name) \_\_\_\_\_ to and from the event. I acknowledge and assume the risk of this transportation for my child. My child must comply with (entity name) \_\_\_\_\_ rules and procedures. By granting this permission, I also waive any claims against, and RELEASE AND HOLD HARMLESS AND INDEMNIFY, (entity name) \_\_\_\_\_, the Diocese of Orlando, and any of their religious, employees, volunteers, agents and representatives from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my child's participation in the program.

\_\_\_\_\_  
Parent/Guardian Signature  
(must sign for any participant under 18 &/or 18 or older & in high school)

\_\_\_\_\_  
Date

**PARTICIPANT:** In signing the line below I agree to abide by any/all policies established for this event/activity. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent/guardian's expense.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

**Insurance Information**

**No, I do not carry medical insurance at this time.**

**I do carry medical insurance at this time.**

Insurance Carrier: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

**In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.**