

PERMISSION TO PARTICIPATE AND BUS TRANSPORTATION FORM

PARENTAL/ LEGAL GUARDIAN CONSENT FORM AND LIABILITY WAIVER

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 St. Isidore, St. Pius X and the Diocese of Baton Rouge.

A brief description of the activity that follows:

Type of event: Laser Tag

Destination of event: Skate Galaxy, 12828 Jefferson Highway Baton Rouge, LA 70816-6301

Estimated Date and Time of Departure: Friday, January 13, 2011-6:30 PM from St. Isidore Church

Estimated Date and Time of Return: Friday, January 13, 2011-11:30PM to St. Isidore Church

Mode of transportation to and from event: St. Isidore School Bus or Chaperone Vehicles
depending on number of participants.

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 St. Isidore, St. Pius X Church Parishes and the Diocese of Baton Rouge, its officers, directors, employees and agents, and the Arch/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 Arch/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: _____

ONE FORM MUST BE COMPLETED BY EACH PERSON ATTENDING