

**Diocese of St. Augustine
Parent Permission and Release of Liability
Ministries and Agencies**

Name of Child: _____

Name of Parent or Legal Guardian: _____

Name of Diocesan Entity: _____ St. Joseph's Catholic Church / Youth Group _____

Name of Program: _____

Date and Time of Departure: _____

Date and Anticipated Time of Return: _____

Method of Transportation: _____

Beginning Date: _____

Ending Date: _____

Please list any known allergies: _____

Physician's Name: _____ Telephone Number: _____

For and in consideration of the above child being allowed to participate in this program, and other valuable consideration, the undersigned parent, guardian, or legal representative, on behalf of the child and the child's parents, personal representatives, assigns, heirs and next of kin, do hereby release and hold harmless the Diocese of St. Augustine, Victor B. Galeone, as Bishop of St. Augustine, a corporation sole, Bishop Victor B. Galeone, individually, and the above named diocesan entity, all organizers of this program, all volunteers, chaperones, employees and agents of the said parties, their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property of the child, or death, caused by negligence or otherwise, while the said child is engaged in the above program, any activities of the program, and while being transported to and from the program. The undersigned agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. The undersigned parent, guardian or legal representative, further acknowledges that he / she is authorized to enter this Agreement on behalf of the child, and the child's parents, personal representatives, assigns, heirs, and next of kin.

I further authorize any representative of this program to obtain medical treatment for my child in the unlikely event of an injury or illness during this program and I agree to pay any expenses incurred for such treatment.

(Parent / Guardian / Representative Signature)

(Parent / Guardian / Representative Name)

(Date)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

(Witness Signature)

(Witness Name)

(Date)

(Witness Signature)

(Witness Name)

(Date)