

**Catholic Archdiocese of Atlanta
St. Mary Magdalene Catholic Church
PARENTAL CONSENT AND RELEASE FORM *****

**Recognition Day Mass at CTK
Saturday, March 3rd from 8:30 am till 2 pm**

I/We, the parent(s)/guardian(s) of _____ do hereby give my /our permission and approval for my/our son/daughter to participate in **Recognition Day Mass at CTK** with St. Mary Magdalene Catholic Church Youth Ministry. I further give permission for my son/daughter to be transported to the event by the youth minister or other adult volunteer of the youth ministry program.

I/We do hereby, for myself, my heirs, executors and administrators, waive, release, absolve, indemnify and agree to hold harmless any and all adults who chaperone this event, other participants, St. Mary Magdalene Catholic Church, the Catholic Archdiocese of Atlanta, and any of the above names, parties, representatives, successors, supervisors, sponsors, and/or organizers, for any injuries in connection with the outing/event(s), with the exception of gross negligence due either fully or in part to mechanical failure and/or operator error. I/We also give permission to seek any emergency care should my/our child be involved in any accident or be injured in any way during such events named above. I/We understand that in any such instance, all attempts will be made to contact the parent/guardian. In the event that I/we cannot be contacted, I/we hereby give permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery for my child, as named herein.

I also agree that I am legally responsible for all/any personal actions taken by my child/guardianship during this event, and agree to be financially responsible for any/all damages, legal fees, and other costs incurred as a result of the actions/behavior of my child/guardianship.

Furthermore, I/we agree that if the above named student's behavior is inappropriate, unsafe and/or detrimental to the group or if due to illness must leave event, I will be contacted immediately to secure means of removing my child/guardianship from the event premises. I understand that any financial costs incurred as a result of my child/guardianship being sent home are my responsibility.

Parent/Guardian Signature: _____ **Date:** _____

Printed Name: _____ **Relationship:** _____

In signing this form, I certify that all information contained herein is true and accurate to the best of my knowledge.

Name of Parish: *St. Mary Magdalene Catholic Church* Name of Youth Minister: *Susan Baker*

***** If your teenager(s) do not have a 2011-2012 Medical Information form and a copy of current MEDICAL INSURANCE card on file at St. Mary Magdalene, you must fill one out at least 3 days prior to the event for this Parental Permission form to be valid.*****

Basic rules/expectations include but are not limited to the following:

- respect for all adult leaders, peers, and all property
- NO illegal drugs, alcohol, underage smoking, firearms, explosives, or other illegal substances
- Males and females are to remain in separate sleeping spaces at all times
- No inappropriate physical/sexual activity
- Appropriate attire is to be worn at all times.

Other guidelines may be set forth accordingly by adult chaperones present for the event(s).

In signing the line below, I agree to abide by any/all policies and rules 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's expense.

Teen's Signature: _____ **Date:** _____