



Must Ministries
Middle School Service
All Middle School Invited
Tuesday, November 21, 2017

Parental/Guardian Consent Form and Liability Waiver

Name of Participant: _____ Grade: _____

Female: _____ Male: _____ Date of Birth: _____ Age: _____

Parent / Guardian Name: _____

Address: _____

Home Phone: _____ Work #: _____ Parent Cell #: _____

Parent Email Address: _____

I, (Parent/Guardian above), grant permission for my child, (Participant above), to participate in this parish event that will take place at Must Ministries, GA. This activity will take place under the guidance and direction of parish employees and /or volunteers from the parish. A brief description of the activity follows:

Type of Event: Middle School Service - Only 15 spots available (number will depend on additional Chaperones and Drivers)

Destination of Event: Must Ministries

Individual in Charge: Colleen Pittroff

Transportation: Drop off and Pick Up at SPC - ONLY

Cost: \$0

Date/Time of Event: Tuesday, November 21, 2017 Time: 9:15 AM - 12:45 PM

Items to bring for donating: Boxed Cereal and/or Bar Soap

In need of Chaperones and Drivers

As a parent and / or legal guardian, I remain legally responsible for any personal actions taken by my child. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Peter Chanel, its officers, directors, and agents and the ARCHDIOCESE OF ATLANTA, Georgia, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Atlanta, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

- I DO /DO NOT (circle one) grant permission for photos of my child to be used in parish sponsored print and social media publications (i.e. bulletin, website, Facebook, etc.)
I can chaperone and I have a current background on file and have attended a VIRTUS training
Best number to contact me: _____

Signature of Parent / Guardian _____ Date _____

Faxes or Scanned copies of this form cannot be accepted

2017-2018 St. Peter Chanel Medical Release Form

I give permission to seek any emergency care should my child be involved in any accident or be injured in any way during such events. I understand that any such instance, all attempts will be made to contact the parent/guardian. In the event that I cannot be contacted, I 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.

Name of Minor: _____ Date of Birth: _____

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Name of Minor: _____ Date of Birth: _____

Name of Minor: _____ Date of Birth: _____

Address: _____

Home Phone #: _____

Father/Guardian's Full Name: _____

Cell Phone #: _____

Home Address: _____

Place of business/address: _____

_____ Phone #: _____

Mother/Guardian's Full Name: _____

Cell Phone #: _____

Home Address: _____

Place of business/address: _____

_____ Phone #: _____

Relative or friend to contact if unable to reach parent/guardian in the event of emergency:

Name & Relationship: _____

Phone #: _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Insurance Carrier: _____

Insurance Policy Number: _____

Insurance is provided by which parent and/or place of employment: _____

Address of Insurance Company: _____

_____ Phone #: _____

Special consideration to be aware of (i.e. allergies, medical conditions, etc.): _____

Medication (and dosage) my child is currently taking: _____

Parent please print name:

Parent Signature: _____

Date: _____



Release and Waiver of Liability

PLEASE FILL OUT, PRINT, AND BRING WITH YOU TO THE PROJECT

This Release and Waiver of Liability (the "Release") is executed on this month, day and year ____/____/____ by _____ (the "Volunteer") in favor of MUST Ministries, Inc., a nonprofit corporation, their directors, officers, employees, funders, volunteers, and agents.

The Volunteer desires to work as a volunteer for MUST Ministries and engage in the activities related to being a volunteer (the "Activities"). The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

Release and Waiver. Volunteer does hereby release and forever discharge and hold harmless MUST Ministries, Inc. and their successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with MUST Ministries, Inc. Volunteer understands that this Release discharges MUST Ministries from any liability or claim that the Volunteer may have against MUST Ministries with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities with MUST Ministries, Inc., except where directly caused by the gross negligence of MUST Ministries or its officers, directors, employees, or agents or otherwise. Volunteer also understands that MUSTS Ministries, Inc. does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

Medical Treatment. Volunteer does hereby release and forever discharge MUST Ministries, Inc. from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with MUST Ministries, Inc.

Assumption of the Risk. The Volunteer understands that the Activities include work that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from the work sites. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases MUST Ministries, Inc. from all liability for injury, illness, death, or property damage resulting from the Activities.

Insurance. The Volunteer understands that, except as otherwise agreed to in writing, MUST Ministries, Inc. does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

Photographic Release. Volunteer does hereby grant and convey unto MUST Ministries, Inc. all right, title, and interest in any and all photographic images and video or audio recordings made by MUST Ministries, Inc. during the Volunteer's Activities with MUST Ministries, Inc., including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Other. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Georgia, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

PLEASE PRINT LEGIBLY AND ENTER ALL REQUESTED INFORMATION.

If you need documentation of your volunteer hours, please bring any and all forms to be signed with you to the project site and have the MUST Ministries representative on site sign them at the beginning and at the end of the day.

Volunteer Group _____
Volunteer Name _____
Volunteer Signature _____
Witness _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Email _____
Emergency Contact _____ Phone _____

Many companies match volunteer hours with cash donations to local non-profit organizations. Please check with your employer for more information on your company's community giving initiatives.