



# Catholic Charities

**Catholic Charities of Atlanta  
Service to the Central Mobile Home Village  
Saturday, December 9, 2017**

Catholic Archdiocese of Atlanta  
St. Peter Chanel Catholic Church  
2017-2018

Parental/Guardian Consent Form and Liability Waiver  
Form is due Sunday, December 3, 2017

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 Central Mobile Home Village, 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:** Service - Space is limited to no more than 15 High School Students

**Destination of Event:** Central Mobile Home Village, 1505 Chattahoochee Ave, Atlanta GA

**Individual in Charge:** Ashley Dean

**Transportation:** Carpool-Leave and Return to and from SPC - NO DROP off at Central Mobile Home Village

**Cost:** \$0

**Date/Time of Event:** Saturday, December 9, 2017

**Time:** 8:00 am - 1:00 pm

**Duties helping with:** Unload and distribute Client service gifts for 78 families

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

## 2016-2017 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: \_\_\_\_\_

Name of Minor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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: \_\_\_\_\_

I hereby acknowledge that my voluntary participation with Catholic Charities of the Archdiocese of Atlanta, Inc. ("Catholic Charities") may involve risks of property damage, illness, and bodily or personal injury that could result in death. Potential risks may include, but are not limited to:

- Injuries due to trips or falls
- Exposure to contagious diseases, especially if working with the children and/or in inclement weather conditions.
- Any other risks that may be associated with the program for which I volunteer.

I HEREBY ASSUME ANY AND ALL SUCH RISKS

Furthermore, I will immediately notify the person in charge of the program if, at any time, I feel that I have been placed in physical danger, or if for any reason I feel uncomfortable at the program site.

I am voluntarily participating as a volunteer for Catholic Charities with a full understanding of these risks, and I assume and agree to accept any and all risks to my safety and security during the course of participating as a volunteer. Furthermore, I acknowledge and agree that as a volunteer, I am not entitled to, and shall not receive, any compensation of any type for my services.

For the sole consideration of the Catholic Charities allowing me to participate in any of their programs, I hereby release and forever discharge and hold harmless Catholic Charities of the Archdiocese of Atlanta, Inc. and their officers, agents, affiliated entities, employees, and other volunteers (the "Releasees") from any and all liability claims, demands, rights and courses of action of whatever kind, arising from or by reason of any personal injury or property damage or otherwise, or the consequences thereof, resulting from or in any way connected with my participation in the program or service as a volunteer.

I further covenant and agree that for the consideration stated above I will not sue any of the Releasees for any claim for damages arising or growing out of my voluntary participation in the program.

RELEASE CONSENT FORM FOR: PHOTO, VIDEO, QUOTATIONS AND INTERVIEW

I hereby give Catholic Charities Atlanta and all acting with its authority the right and permission to interview, record, use or publish recordings of me on videotape, use or publish my verbal quotations or quotations from my letters/cards, film or still-photos for dissemination through any medium.

This release does/does not (circle one) include the right and permission to reproduce photographs of me or use my quotations for distribution in any medium. With this release, no further claim of any kind will be made by me in any of the areas mentioned. I also understand that my participation is completely voluntary. I have been informed about Catholic Charities' confidentiality policy.

I certify that I am at least 18 years of age and have read and understood the above before voluntarily signing.

\_\_\_\_\_  
Signature of Volunteer                      Date                      Email address                      Hours served

\_\_\_\_\_  
Volunteer Name (Print)                      Emergency contact Name/phone number

Catholic Charities of the Archdiocese of Atlanta, Inc. Witness:

Signature \_\_\_\_\_ Printed Name and Title \_\_\_\_\_ Event \_\_\_\_\_