

St. Christopher Youth Ministry Activity Permission Form
Release, Indemnification & Waiver of Liability

Date: _____

Dear *Mr. Logan Feldkamp*,

I, _____, am the _____
(Name of Parent/Guardian) (Father, Mother, Guardian)

Of _____, a participant of St. Christopher Youth Ministry.

I hereby request permission for the above-named child to attend the *Priest vs. Seminarian Basketball Game* (Henceforth, the "Activity") from the times of *5p to 7:45p on 1/26/2024* and I consent to the child's participation in this Activity. I understand that this Activity consists of *attending the game at Holy Name High School with the youth group*. I fully understand what is involved in the Activity and I understand that I have the opportunity to call Mr. Feldkamp and ask him about the Activity.

I understand that Mr. Feldkamp or one of his VIRTUS-trained volunteers will transport my child from St. Christopher to Holy Name High School and back to St. Christopher. Furthermore, I am aware that these volunteers possess the recommended automobile insurance of the Diocese for the transportation of my student.

My child agrees to obey the staff in charge of this Activity. The Parish, School, and Diocese will not be liable for my child's failure to cooperate and/or abide by the rules. Any infraction of the rules may result in the immediate dismissal of my child from the Activity.

I understand that all activities have certain risks and could result in injury to the above-named child. In consideration of the child being allowed to participate in the Activity, on behalf of my child and on behalf of the mother, father, next of kin and (if applicable) the guardian of the above child, I hereby assume all risk of injury which may be sustained by the child in connection with the above Activity. To the fullest extent allowed by law I, on behalf of myself, my spouse, my minor child, as well as our respective heirs and assigns, executors, all other legal representatives and any others claiming through us or on behalf of us, hereby agree to release, discharge, hold harmless and indemnify the School, Parish, the Roman Catholic Diocese of

Cleveland, and the Bishop of the Roman Catholic Diocese of Cleveland, as well as their respective clergy, officers, employees, agents, representatives, attorneys, sponsors, and volunteers from and against all claims, judgements, liability (of any nature and extent) which in any way arise out of or relate to my child's participation in the Activity, foreseen or unforeseen, regardless of the cause (including, but not limited to, the negligence of any person).

I understand that it is my responsibility to carry appropriate medical insurance for my child and that such is not the responsibility of any other person or party, including, without limitation, the School, Parish, or the Diocese of Cleveland.

I have read and fully understand the contents of this entire document and consent to the provisions contained therein.

Parent Signature _____

Name (Please Print) _____

Date _____

Key Info

Emergency Contact Name _____

Emergency Contact Phone Number _____

Child Allergies: _____

Child Medications: _____ **N/A** _____

**Please print, complete all fields, and send a picture of the completed form to
lfeldkamp@stchrisparish.com or bring a completed copy to the event. Each child needs their
own permission slip. Thank you!**