PARENTAL PERMISSION/LIABILITY RELEASE/CONSENT FOR ~ OPERATIONS CHRISTMAS CHILD DISTRIBUTION CENTER DECEMBER 1 – 4:00 to 9 p.m.

Names of all those participating: _____ St. Victoria Member? _____

Grades: ____ Home Phone: _____Cell Phone: _____ BEST email address:_____

Home Address: _____CITY:_____ZIP:_____

Parent/Guardian: _____

Emergency Contact: _____PHONE_____

Insurance Company: _____

Health Insurance Policy #: _____

Medications/Allergies/Other Conditions of Note: _____

I, the parent/guardian of the above-named minor child, in consideration for my child being permitted to attend the OPERATION CHRISTMAS CHILD DISTRIBUTION CENTER SERVICE OPPORTUNITY on Thursday, December 1 from 4 to 9 p.m. I hereby give my permission for said child(ren) to attend above said events and agree to indemnify and hold harmless, to the furthest extent permitted by law, the Archdiocese of St. Paul and Minneapolis, St. Victoria Catholic Church, the bus company and/or drivers providing transportation, and any and all of its/their employees, supervisors, and/or volunteers from any harm, claim for damages, cause of action, lawsuit or other legal proceeding resulting from the injury or death of my child,(and/or for myself if I attend said event also).

Further, in the event of injury to said child and I cannot be reached, I hereby grant authorized medical professionals the right to administer necessary emergency treatment to my child.

I affirm that I have read and understood and agree with the above statements, and show my affirmation and consent by my signature affixed below.

_____ _____

Signature of Parent or Guardian **Date**

Who should be contacted in case of an emergency and the parent can not be reached?

_____ _____

Name **Phone Number**

If you have any questions, contact Amy Kusber at 952-443-2661x33 or email akusber@stvictoria.org, Joni Wohl at jwohl@stvictoria.org or Nick Tofteland at ntofteland@stvictoria.org

_____YES – I can Chaperone!

_____YES – I have a Background Check on File and have attended VIRTUS.