

ST. JOHN THE EVANGELIST PARISH

NW INDIANA FOOD BANK SERVICE PROJECT

Meet & Return to St. John Parish office parking lot: 8:00 a.m.-12:30 pm.

Please call Katy DeSchepper @ 219-616-1337 with questions and to confirm your attendance. To ensure enough drivers, please register.

Please complete the permission form below in order for your child to participate in this event.

DIOCESE OF GARY

PARENT'S AUTHORIZATION AND WAIVER OF RISK FOR TRAVEL

I hereby give my consent for my daughter/son, _____, to participate in the NW IN Food Bank Service Project which includes traveling from and to: St. John the Evangelist Day Chapel to Renaissance Towers, Hammond, IN. The group will be traveling in adult chaperones' vehicles.

I understand that neither the Diocese of Gary, the Parish, the Director of Religious Education, the parent chaperones, nor the staff are liable in the event of an accident or injury to my child. I also assume full responsibility for the consequences of my child's actions during these activities.

Waiver of Risk

I understand that, despite careful and proper preparation, there is still a risk of injury when participating in any activity.

In consideration for the Diocese of Gary, the Parish and Office of Religious Education, or any other participating organization, permitting my child to participate in the above activity, I agree to indemnify, defend, and hold harmless and release the Diocese of Gary, the Parish and the Office of Religious Education, or any other participating organization, and their officers, agents, representatives, employees and volunteers, against and from any and all claims, suits, losses, costs, damages, expenses, and liability arising out of any act or omission or other occurrence, whether or not caused by or resulting from this activity.

Date

Signature of Parent or Legal Guardian

Parent/Guardian Phone Number: _____

Emergency Contact Number: _____
(In the event parent cannot be reached.)