

BOWLING **for Middle Schoolers**

Saturday, Oct. 10th

2PM - 4PM

@ Felton Lanes

\$5.00 per person.

Permission Form & Money

due by Wed. Oct. 7th.



**THE CHURCH OF THE HOLY SPIRIT
OFFICE OF YOUTH MINISTRY
PENSACOLA, FLORIDA
DIOCESE OF PENSACOLA-TALLAHASSEE**



PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER

EVENT:	
DATE OF EVENT:	
TIME OF EVENT:	
LOCATION OF EVENT:	
TRANSPORTATION:	
COST TO YOUTH:	

If you would like your youth to participate in the event listed above, please sign and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by your youth.

I hereby consent to participation by my youth _____ in the event described above. I understand that this event will take place away from the parish grounds and that my youth will be under the supervision of the designated supervisor on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation. I do acknowledge that I have a current and up-to-date "Youth Medical Information Form" on file with the Parish Coordinator of Youth Ministry.

In consideration for the opportunity for my child to participate, and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify and agree to hold harmless the Diocese of Pensacola-Tallahassee and Holy Spirit Parish, and their employees, agents, volunteers, and other persons acting on their behalf. Neither the Diocese of Pensacola-Tallahassee, Holy Spirit Parish, nor said agents, employees, or volunteers, shall be held financially responsible for any injury, illness or death incurred as a direct or indirect result of this activity. We the undersigned have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

Print Parent/Guardian Name

Parent/Guardian Signature

Date

PERMISSION FOR USE OF INFORMATION OR GRAPHIC IMAGE IN MEDIA	
I hereby give permission for the Diocese of Pensacola-Tallahassee, The Church of the Holy Spirit, and any of its affiliated organizations, including, but not limited to The Florida Catholic, to use the name of my child and/or his /her photograph for promotional, news, or public relations purposes in print and/or electronic media.	
_____ Parent/Guardian Signature	_____ Date

This consent form and waiver will expire at the completion of the specific event named above.