



Diocese of Great Falls-Billings

Events, Travel, and Permission Policy

Parental/Guardian Consent Form

Liability Waiver

The Parental/Guardian Consent Form and Liability Waiver must be utilized by Catholic schools and parishes for the following types of activities:

1. Day and overnight trips
2. Day and overnight retreats
3. Youth athletic participation
4. Any event outside the regular daily or weekly activities of the school or parish ministry

The Parental/Guardian Consent Form is a legal contract between the parent who signs the consent form and the Catholic parish/school and the Diocese of Great Falls-Billings. In most cases, the consent form prohibits a parent from making a claim for damages against the Catholic parish/school and/or the Diocese, in the event that his/her child is injured. It is very important this consent form not be altered, as an alteration may change the legality of the agreement.

Original copies of the signed Parental/Guardian Consent Form and Liability Waiver should be maintained in the parish/school offices for at least three years. Injuries and accidents are often not reported promptly, so it is important that signed consent forms be retained for an adequate time to ensure that the agreement is not lost should a claim be made.

As a supplement to the consent form, it is an excellent idea to provide additional information, which gives a detailed description of the activity in which the youth will be participating. One of the most common accusations made by a parent when a child is injured is that the parent did not fully understand the nature of the activity in which his/her child was participating.



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Parental/Guardian Consent Form

Youth/Participant:	
Birth Date:	Sex:
Parent/Guardian Name:	
Home Address:	City/Zip:
Home Phone:	Alternate Phone:
I, _____ (parent/guardian name) grant permission for my child, _____ (youth name) to participate in this event, which may or may not require travel away from the parish/school site. This activity will take place under the guidance and direction of the employees and/or volunteers of the parish, school, or the Diocese of Great Falls-Billings.	
Type of event:	Date of event:
Location of event:	Cost of event:
Individual in charge of group:	
Estimated time of departure:	Estimated time of return:
Mode of transportation to and from event (if necessary):	
As a parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend all Catholic Parishes and Catholic Schools of the Diocese of Great Falls-Billings, their officers, directors, employees and agents, and the Diocese of Great Falls-Billings its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and the Diocese of Great Falls-Billings, its employees and agents and chaperones, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Diocese of Great Falls-Billings.	
Signature:	Date: