

PARENT REQUEST TO PARTICIPATE & MEDICAL RELEASE FORM

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a church/school-sponsored event. This activity will take place under the guidance of Kaitlynn Snow (228) 236-4899. A brief description of the activity follows:

Name of Event: Diocese of Biloxi Youth Ministry Kickoff

Destination: St. Vincent de Paul Elementary School 4321 Espy Ave., Long Beach

Designated Supervisor of Activity: Kaitlynn Snow

Date and Time of Departure: meet @ St. Vincent 3pm / pick up 8pm

Method of Transportation: meet there

Approximate Cost: 0\$

If you would like your child to participate in this event, please complete, sign, and return the following statements of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility that may result from any personal actions taken by the named student.

I hereby consent to participation by my child, _____
In the event described above. I understand that this event will take place away from the church/school grounds and that my child will be under the supervision of the designate chaperons on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation. On behalf of myself and my child, I acknowledge that a risk of exposure to COVID-19 exists in any public place where people are present and I voluntarily assume all risks related to exposure to COVID-19. I hereby indemnify and agree to forever hold harmless the Diocese of Biloxi, as well as its employees, administrators, trustees, Bishops, priests, attorneys, agents, and affiliated persons and entities from any and all claims which in any way relate to this event and potential or actual exposure to COVID-19, including claims for negligent exposure, negligence, and all related claims.

Print Parent's Name

Cell Phone

Email

Parent's Signature

Date