



DIOCESE of
LA CROSSE

Minor Participant Event Release Form

Please fill out this form for anyone who is age 18 (still in high school) and under.

PARTICIPANT'S NAME:	DATE OF BIRTH:
PARISH/SCHOOL:	GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>

Event Information

NAME OF EVENT:	DATE(S) OF EVENT:
DESIGNATED LEADER:	DESIGNATED LEADER'S TITLE/POSITION:
DESTINATION OF EVENT:	
MODE OF TRANSPORTATION TO AND FROM EVENT:	
DEPARTURE DATE/TIME:	RETURN DATE/TIME:

Parental/Guardian Consent and Liability for Minors

I grant permission for my child to participate in this diocesan/parish/school event that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of diocesan/parish/school employees and/or volunteers. As 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 the parish/school named above, its officers, directors, employees and agents, and the Diocese of La Crosse, its employees, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of La Crosse, its employees and agents and chaperones, or representative 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/diocese.

PARENT/GUARDIAN INITIALS:	DATE:
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Statement of Truth and Accuracy:

I acknowledge that I have previously completed the "Minor Medical Release Form," providing medical information, permissions, authorizations and releases pertaining to my child. I have listed below any additions and/or corrections to the information provided on that form. Subject to any changes above, I hereby reaffirm any and all such disclosures, permissions, authorizations and releases as though stated herein.

Medical Release Form Additions/Corrections (as applicable).

PARENT/GUARDIAN PRINTED NAME:	DATE:
PARENT/GUARDIAN SIGNATURE:	DATE: