

**COST:\$20**

**PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER  
URBAN AIR**

Dear Parent or Legal Guardian:

If you would like your child to participate in this event that requires transportation to a location away from the parish, school or archdiocesan office site, please complete, sign, and return this statement of consent and release of liability. As parent or legal guardian, you remain legally responsible for any personal actions taken by the named minor (“participant”). This activity will take place under the guidance and supervision of employees and/or volunteers from CHRIST THE KING CATHOLIC CHURCH. A brief description of the activity follows:

**Type of event:** URBAN AIR

**Destination:**URBAN AIR, Spanish Fort, AL

**Individual in charge:** Kristen Lazarine

**Date & estimated time of departure and return:** June 17 6pm-8pm

**Mode of Transportation to and from event:** on your own

Participant’s Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Participant Cell Number: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name (Please Print) \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

**Student Agreement/Code of Conduct:**

While participating in this field trip, I will accept responsibility for maintaining good conduct and appearance. I will listen attentively, follow directions and be respectful to everyone. I understand and accept that all school and parish rules and disciplinary actions apply to this trip. My parent(s)/guardian(s) and I have discussed this code of conduct for the field trip.

Participant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend (name of parish/school/institution) CHRIST THE KING PARISH its officers, directors, employees and agents, and the Archdiocese of Mobile, 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/institution, its officers, directors and agents, and the Archdiocese of Mobile, its employees and agents and chaperones, or representative associated with the event for reasonable attorney’s fees and expenses that 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/institution/archdiocese.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

