



St. Michael Catholic Church
6912 Chestnut Road
Independence, Ohio 44131

Parental Consent Form

(Please print neatly below)

I, _____ am the _____ of _____.
(name of parent/guardian) (father, mother, custodial parent, guardian) (participant)

I hereby request permission for the above named child to attend the

_____ from _____ thru _____.
(event name) (date & time) (date & time)

In consideration of the child being allowed to participate in the event, on behalf of my child, my spouse, and myself, I hereby assume all risks in connection with the trip and I further release, discharge, and/or otherwise indemnify the Diocese of Cleveland, the Bishop of the Roman Catholic Diocese of Cleveland, St. Michael Parish of Independence Ohio, employees, and volunteers from all claims, judgments, liability by or on behalf of my child, myself and my spouse for any injury or damage due to the child's participation in the event including all risks connected therewith whether foreseen or unforeseen.

Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for my child.

I fully understand what is involved in the event and I understand that I have the opportunity to call Randy Kula @ (216) 409-2639 (Coordinator of Youth Ministry) and ask him about the event.

(parent/guardian signature) or (participant if 18 or older)

(phone)

(date)