



Parent/Guardian Consent Form and Liability Waiver

Name of Event:

Event Date:

Host Parish and/or Family of Parishes:

Participant's Name:

Birth Date :

Home Address:

City:

Province:

Postal Code:

Participant Cell Phone:

Gender:

Male

Female

Participant Email Address:

Name of Parent/Guardian:

Relationship to Participant:

Parent/Guardian Primary Phone:

Cell Phone

Home Phone

Parent/Guardian Email Address:

Method of Contact during Event:

School/Parish:

Town/City of School/Parish:

Teacher/Leader:

Contact Information:

Event Details:

Sometimes it is necessary to change the location of an event to another nearby facility, or the platform as an electronic gathering. If this becomes necessary, the Diocese of London Event Host will notify the participants and parents and/or guardians. Such notification may be facilitated by the hosting school and/or parish.

Media Release:

Photos and/or videos may be taken to be used on the Diocese of London websites or social media platforms, in printed materials, or submitted with press releases to local publications to illustrate our community for potential visitors. Reasonable efforts will be made by the Diocese of London not to identify participants by name. The Diocese of London is not responsible if participants disseminate names.

Authorization for Communication:

The Diocese of London may provide resources and communications to further develop your family's understanding of future activities and events, delivered to the Participant's school, home mailing address, and/or electronically.

I/we consent to receiving resources and communications from the Diocese of London to any of the above-mentioned contact methods. I/we understand that I/we may withdraw this consent at any time.

Consent, Indemnification & Release of Liability:

I/we, on behalf of myself/ourselves, the Participant, my/our and the Participant's heirs, executors, personal representatives, successors and assigns, hereby:

- Represent that I am/we are the parent(s), legal guardian(s) or other authorized person(s) or organization with authority over the Participant.
- Consent to the Participant participating in the Event, and/or possible use of photo and video.
- Confirm that I am/we are aware of the usual risks and dangers inherent in participation in the activities associated with the Event, as described in the Event Details (see page 1), and that serious injury is possible.
- Acknowledge and agree that I/we remain legally responsible for any personal action(s) taken by the Participant, and I/we fully indemnify and save harmless the Diocese of London, its Bishop, parishes, officers, directors, priests, volunteers, employees and agents, including chaperones or other representatives associated with the Event, from any claim for damages to person or property caused by the Participant.
- Forever release and fully hold harmless and shall defend the Diocese of London, its Bishop, parishes, officers, directors, priests, volunteers, employees and agents, including chaperones or other representatives associated with the Event (the "Diocese of London"), from any and all claims, causes of action and liability of every kind and character, including in connection with any loss or damage to person, property, illness or injury, or cost of medical treatment, arising from or in connection with (directly or indirectly) the Participant participating in and/or attending the Event (collectively, "Claims") save and except for Claims arising from the gross negligence of the Diocese of London.
- I/we give my/our permission and consent that my/our child may use an online video platform to participate in the above-mentioned Event. I/we understand that my/our child will not be required to register to a video conferencing platform in order to participate, and I/we understand that these electronic sessions may be recorded for the safety of the participants, and/or Livestreamed.
- I/we confirm that during all electronic sessions I/we, or a designated adult, will be present and ensure that all persons, participants and adult leaders, are in high-traffic areas such as the living room, study or kitchen during video conferencing, and will not be in a bedroom, bathroom or other private area.

Authorization for Medical Treatment (when applicable):

I/we hereby warrant that to the best of my/our knowledge and belief, the Participant is in good health, and I/we assume all responsibility for the health of the Participant.

I/we hereby grant my/our permission for the Diocese of London to make arrangements for medical attention for the Participant without my/our prior approval if emergency treatment is reasonably required, and confirm that I/we will be notified as quickly as possible if this authority is exercised.

Participant OHIP Number:

Family Physician:

Phone:

List all of the Participant’s known dietary restrictions, allergies, special medical attention, recent medical procedures/surgeries or other relevant information:*

*The Diocese will take reasonable care in keeping the Participant’s medical information confidential.

Emergency Contacts (if different from Parent/Guardian):

Name:

Relation:

Phone:

Name:

Relation:

Phone:

By signing, I consent to the provisions of the Electronic Commerce Act and I agree that an electronic copy of this document, including a pdf, fax, or other electronic attachment, and/or a copy with my signature and the witness signature or electronic signature(s), shall be equivalent to an original signed by myself under seal.

By signing this legal document, you are giving up certain legal rights, including the right to sue in certain circumstances. By signing, you confirm having read all items carefully.

Print Name:

Relationship to Participant:

Signature:

Date:

Print Name:

Relationship to Participant:

Signature:

Date: