

St. Katharine Drexel Parish Youth Group –  
Fire House Underground (Downtown Sioux Falls)



*April 7, 2010*  
*7:00 – 9:00 p.m.*

**Come join us for an evening of fun!!**  
**All consent forms are due Sunday, April 4th!**

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**ST. KATHARINE DREXEL PARISH / CATHOLIC DIOCESE OF SIOUX FALLS**  
**YOUTH EVENT**  
**PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Participant's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Parish & City St. Katharine Drexel, Sioux Falls

Parent/Guardian \_\_\_\_\_ Cell/Work Ph. \_\_\_\_\_

I, \_\_\_\_\_, grant permission for \_\_\_\_\_ to participate in this parish youth ministry event that is held away from the parish. This activity will take place under the guidance and direction of parish employes and/or volunteers from St. Katharine Drexel's Parish.

As a parent/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 St. Katharine Drexel's Parish, its officers, directors and agents and the Catholic Diocese of Sioux Falls, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Catholic Diocese of Sioux Falls, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Signature \_\_\_\_\_

Date \_\_\_\_\_