

Archdiocese of Grouard-McLennan Extra-diocesan Youth Event

10301 102 Street, Grande Prairie, Alberta T8V 2W2

**Extra-diocesan Youth Event Waiver
Consent of Parent/Guardian and Acknowledgment of Risk**

Event name: _____
Event location(s): _____
Event date(s): _____
Purpose of event: _____
Method(s) of transportation: _____
Leader/Head supervisor: _____
Total # of supervisors and/or chaperones: _____
Cost per person (estimate): _____

Potential Known Risks

Risk	Potential harm

The Archdiocese of Grouard-McLennan will make every reasonable effort to ensure or ascertain that:

- a. The staff, volunteers and/or service providers involved are suitably trained and qualified.
- b. The youth participants (i.e. <18 years of age) are adequately supervised over all aspects of the event.
- c. The locations and sites visited and/or used are appropriate for the activities and group.
- d. Equipment used has been inspected and deemed appropriate and safe.
- e. A Safety Plan is in place to identify and manage known potential risks (as described above.)
- f. An Emergency Plan is in place to deal with injury or illness of any of the group members, and especially youth.

Parental Consent:

1. I/We accept the mode(s) of transportation provided for the event.
2. I/We acknowledge my/our rights and responsibilities to obtain as much information as I/we require about this event and associated risks and hazards, including information beyond that provided to me/us by the Archdiocese or group organizers.
3. I/We freely and voluntarily assume the risks/hazards inherent in the event and understand and acknowledge that my/our child may suffer personal and potentially serious injury arising from his/her participation.

4. My/Our child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the group leaders, supervisors and chaperones and service provider's administrators, instructors, and supervisors over all phases of the event.
5. In the event my/our child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation.
6. I/We acknowledge that it is my/our duty to advise the group leader/the Archdiocese of any medical and/or health concerns of my/our child that may affect his/her participation.
7. I/We acknowledge that the Archdiocese may choose to cancel the trip if travel conditions are deemed unsafe (e.g. weather, health advisory, security.) I/We accept that the Archdiocese may not be liable for any costs associated with such a cancellation.
8. I/We acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my/our child's immediate health and safety, and that I/we shall be financially responsible for such services.
9. I/We have obtained travel medical insurance and personal liability insurance for my/our child. The Certificate of Travel Medical Insurance and Certificate of Personal Liability Insurance are attached to this form.
10. Based on my/our understanding, acknowledgment, and consent as described herein, my/our child has my/our permission to participate in the event described.

Name of Youth Participant

Name of Parent/Legal Guardian 1

Name of Parent/Legal Guardian 2

Signature of Parent/Legal Guardian 1

Signature of Parent/Legal Guardian 2

Date

Date