

**ST. JOHN THE EVANGELIST PARISH
YOUTH MINISTRY**

Food Bank Service Project

Date: January 28, 2012

Meet at the St. John parish office parking lot: 8:15 a.m.

Return time to St. John church parking lot: 12:45 p.m.

Adult drivers are needed!

All adult chaperones are required to complete a criminal background check form, copy of driver's license and vehicle insurance card as well as participate in the Virtus training for the protection of children.

Please call Mrs. Katy DeSchepper at 616-1337 with questions and to confirm your attendance.

It is absolutely necessary for you to call so we can arrange for enough drivers.

Please complete the form and submit it to the Parish office.

**DIOCESE OF GARY
PARENT'S AUTHORIZATION AND WAIVER OF RISK FOR TRAVEL**

I hereby give my consent for my daughter/son: _____, to participate in the Food Bank Service Project on Saturday, January 28, 2012 including traveling from and to: St. John the Evangelist Church to Food Bank of Northwest Indiana in Gary. The group will be traveling in an adult chaperone's vehicles.

I understand that neither the Diocese of Gary, the Parish, the Parish Youth Minister, the Parish Chaperones, nor the staff are liable in the event of an accident or injury to my child. I also assume full responsibility for the consequences of my child's actions during these activities.

Waiver of Risk

I understand that, despite careful and proper preparation, there is still a risk of injury when participating in any activity.

In consideration for the Diocese of Gary, the Parish, and Office of Youth Ministry, or any other participating organization, permitting my child to participate in the above activity, I agree to indemnify, defend, and hold harmless and release the Diocese of Gary, the Parish, and the Office of Youth Ministry, or any other participating organization, and their officers, agents, representatives, employees and volunteers, against and from any and all claims, suits, losses, costs, damages, expenses, and liability arising out of any act or omission or other occurrence, whether or not caused by or resulting from the activity of Food Bank Service Project, or any other participating organization, their agents, representatives, employees, and volunteers during the course of the activity in which he or she is participating.

Date

Signature of Parent or Legal Guardian

Parent Phone Number: _____

Emergency Contact Number: _____

Name of Emergency Contact: _____