



Archdiocese of Seattle

INTERNATIONAL TRAVEL WAIVER FORM
Parent/Guardian Consent Form and Liability Waiver

Participant's Name: _____ Date of Birth: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ e-mail address: _____

Dear Parent/Guardian:

Your son/daughter/individual under your guardianship is eligible to participate in an activity that requires transportation and travel away from the Parish/School and/or Internationally. This activity will take place under the guidance and direction of parish/school staff and adult volunteer chaperones from _____ (Parish/School)

Description of Activity/Event (Fill in all Details):

Type of event: _____

Destination of event: _____

Individuals in Charge: _____

Dates of event: _____

Estimated time of departure: _____ Estimated time of return: _____

Mode of transportation to, from and during event: _____

Cost: _____

If you desire your son/daughter/individual under your guardianship to participate in this particular event, please complete, sign and return the following statement of consent and release of liability by _____.

I hereby consent to participation by _____, my son/daughter/individual under my guardianship, in the event described above. I fully understand that this event will take place away from the parish/school grounds and that my child will be under the supervision of the designated staff and/or volunteers on the stated dates. I understand that such an undertaking involves an element of risk. I assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify and agree to hold harmless the Corporation of the Catholic Archbishop of Seattle, staff, volunteers and drivers from any and all liability that may arise out of participation in this activity. I also give consent for emergency medical treatment if necessary. I do request that if possible, I be contacted prior to treatment. As parent and/or legal guardian, I remain fully responsible for any legal responsibility, which may result from any personal actions taken by the named participant. My child and I have read and fully understand the attached Code of Behavior for Youth Participants in Events and Activities sponsored by the Catholic Archdiocese of Seattle.

I further acknowledge that I/we have read, and reviewed with the participant, any and all U.S. Department of State Travel Advisories and Center for Disease Control and Prevention (CDC) warnings relative to this event. (http://travel.state.gov/content/travel/en.html; and http://www.cdc.gov/travel) I/we agree to defend and hold harmless the Corporation of the Catholic Archbishop of Seattle, staff, volunteers and drivers from any and all claims that may arise out of participation in this event. _____ (Signature)

I further consent to the conditions stated above, including the method(s) of transportation.

Parent's/Guardian's signature: _____ Date: _____

Participant's Name: _____

Your name/relationship: _____

Family doctor: _____ Phone: _____

Family health plan carrier: _____ Policy No: _____

Emergency Contact: _____ Phone: _____

International medical coverage is required prior to out of country trips. You may purchase coverage online by visiting <https://www.travelwithgallagher.com/>. You may also secure your own international medical coverage.

Medications: My child is taking medication(s) at present. My child will bring all such medication(s) necessary and such medication(s) will be well-labeled. Name(s) of medication(s) and concise directions for seeing that my child takes such medication(s), including dosage and frequency, are as follows:

I hereby grant permission for non-prescription medication (such as aspirin, Advil, ibuprofen, throat lozenges, cough syrup, pink bismuth, loperamide for diarrhea) to be given to my child, if deemed appropriate.

Parent/Guardian Signature: _____ Date: _____

Specific Medical Information: *(The parish/school will take reasonable care to see that the following information will be held in confidence)*

Have you ever had a *systemic* allergic reaction to bee stings, food or medicine? Yes: _____ No: _____

If yes, what was the precipitating substance? _____

What was the treatment? _____

(if you have severe allergies, please bring your own EpiPen or Bee Sting Kit)

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Any physical limitations? _____

Has child (you) recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, SARS, etc.? _____ If so, date(s) and disease or condition _____

You should be aware of these special medical conditions of my child: _____

In the event that my minor child/I commit acts that are inappropriate, illegal or dangerous to him/herself/myself or other members of the group, I understand that he/she/I may be sent home at my expense.

Parent/Guardian Signature: _____ Date: _____

Participant's Name: _____

Photograph and Video Consent: From time to time, pictures and video may be taken of youth ministry/parish/school events and gatherings. We would like to be able to use these photographs and videos for flyers, parish and diocesan publications, and the ministry website. Written consent of both the student and the parent/guardian is required. Names will not be posted unless written authorization is given by the student and parent/guardian, and then only first names will be used. If there are concerns about pictures or videos posted on the website, please contact the organization or webmaster, and they will promptly be removed.

I, the parent/guardian of this youth _____ (name) authorize and give full consent, without limitation or reservation, to _____ (organization) to publish any photograph or video in which the above named student appears while participating in any program associated with _____ (organization). There will be no compensation for use of any photograph or video at the time of publication or in the future.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____