

**St. Aloysius High Youth Group**  
**Laser tag lock-in      Baton Rouge, LA      June 23-24, 2018**  
**Cost: \$40**  
**Consent Form and Liability Waiver**

Participant Information (PLEASE PRINT)

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_  
Home Address: \_\_\_\_\_

Parent/Guardian Information (PLEASE PRINT)

Name(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Mom's cell phone: \_\_\_\_\_ Mom's work phone: \_\_\_\_\_  
Dad's cell phone: \_\_\_\_\_ Dad's work phone: \_\_\_\_\_  
**Is your parent available to chaperone?     Yes     No    Name of chaperone: \_\_\_\_\_**

Emergency Contact Information (PLEASE PRINT)

Name: \_\_\_\_\_  
Relation to Participant: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child to participate in this parish event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from St Aloysius Catholic Church.

A brief description of the activity follows:

Type of event: Laser tag lock-in  
Date of event: June 23-24, 2018  
Drop off: 10:00 pm on Saturday, June 23 at St. Aloysius  
Destination of event: Laser Tag of Baton Rouge, Baton Rouge, LA  
Individual in charge: MacDougall Womack  
Mode of transportation to and from event: Charter school bus  
Pick up: 6:30 am on Sunday, June 24 at St. Aloysius

As parent and/or legal 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. Aloysius Catholic Church, its officers, directors, employees, chaperones, and agents, and the Diocese of Baton Rouge, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate St. Aloysius Catholic Church, its officers, directors and agents, and the Diocese of Baton Rouge, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish or the Diocese of Baton Rouge.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_