

**SAINT JOSEPH ABBEY + SEMINARY COLLEGE
PARENTAL CONSENT FORM**

I/we the undersigned request that my/our child be permitted to participate in the activity named below.

SCHOOL NAME AND ADDRESS: Saint Joseph Abbey + Seminary College – Come and See Weekend
75376 River Road, St. Benedict, LA 70457

STUDENT'S NAME: _____ **GRADE:** _____

MODE OF TRANSPORT: _____ **DATE OF VISIT:** _____

ARRIVAL TIME: _____ **DEPARTURE TIME:** _____

MEDICAL RELEASE

I understand that every effort will be made to contact me in the event of any accident or injury to my child, but in the event that I cannot be reached, I hereby authorize the school representative to consent to whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance and treating such injuries.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of my agent to give specific consent for any and all such diagnosis, treatment or hospital care which the aforementioned physician or nurse in the exercise of his/her best judgment may deem advisable. This authorization is given pursuant to the applicable provisions of the laws of the state of Louisiana and the Archdiocese of New Orleans.

RELEASE OF CLAIMS AGAINST SAINT JOSEPH ABBEY + SEMINARY COLLEGE AND ITS REPRESENTATIVES AND THE ARCHDIOCESE OF NEW ORLEANS, LA.

As Parent/Guardian, I have voluntarily applied, on behalf of my child, to participate in the above-identified event and visit. I understand that there are risks in my child's/ward's presence and participation in this school-sponsored program, and to participate in this activity may require transportation to a location away from the seminary campus. I HEREBY AGREE ON BEHALF OF MY CHILD TO ASSUME ANY AND ALL RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF, OR CAUSED BY MY CHILD'S/WARD'S PRESENCE AND PARTICIPATION IN THIS VISIT/EVENT. I HEREBY RELEASE THE ABBEY + SEMINARY COLLEGE, ARCHDIOCESE OF NEW ORLEANS, LA, AND ANY OF ITS AFFILIATED ORGANIZATIONS, AGENTS, EMPLOYEES, FROM ALL ACTIONS OR CLAIMS THAT MY CHILD, MY CHILD'S HEIRS AND/OR LEGAL REPRESENTATIVES NOW HAVE OR MAY HEREAFTER HAVE FOR BODILY INJURY, DEATH, AND PROPERTY DAMAGE RESULTING FROM MY CHILD'S PARTICIPATION IN THIS VISIT/EVENT.

I HAVE CAREFULLY READ THIS AGREEMENT AND AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF ON BEHALF OF MY CHILD, AND THE ABBEY + SEMINARY COLLEGE AND I SIGN IT OF MY OWN FREE WILL.

BEHAVIOR EXPECTATIONS

I agree that the supervising personnel have the right at their discretion to enforce the established rules of conduct, and I agree to direct my child to cooperate and conform with directions of the supervising personnel.

SIGNATURES

Parent/Guardian Signature: _____ Date: _____

Please print name: _____ Phone: _____