

ARCHDIOCESE OF SAN FRANCISCO: Parental Permission Form

St Ignatius Church: A Jesuit Parish

650 Parker Avenue, San Francisco, CA 94118 • Telephone: (415) 422-2188 • Fax: (415) 387-1867

***** IF A PARENT IS NOT ABLE TO ACCOMPANY A TEEN FOR THE CROP WALK, PLEASE BRING THIS FORM WITH YOU TO THE CROP WALK & GIVE TO THERESE CANNATA OR DAN FALON.**

ACTIVITY: GOLDEN GATE CROP HUNGER WALK

Location: Lake Merced – Registration – Meet at the Bufano Statue on Brotherhood Way. There is a map with directions posted on the San Francisco CROP Walk Webpage: <http://www.cropwalksf.org/CWS/CROP.html>

Sunday, October 18, 2009: Registration 1:30 pm; Three mile Walk begins 2:00 pm and will take one – two hours. And conclude at the Bufano Statue.

Parents are responsible to provide transportation for their child to and from the walk. Drop off and Pick Up is at the CROP Registration Table at the Bufano Statue on Brotherhood Way. The St. Ignatius Group of teens and parents will gather at the registration area.

My child , _____ born (__/__/__ date of birth), has my permission to participate in the Golden Gate CROP Hunger Walk, at Lake Merced.

IMPORTANT!

Telephone number(s) at which you can be reached in case of an emergency during the time of the walk:

I, the parent or guardian of the above named child, give my permission for her/his participation in the activity named above.

I agree to direct my child to cooperate and conform with the directions and instructions of the parish adult chaperones and CROP Walk Organizers responsible for the activity. Teens participating from St. Ignatius Parish are asked to stay with the St. Ignatius group of teens and parents for the duration of the walk.

I agree, to the extent permitted by law, that in the event my child is injured as a result of her/his participation in the above named activity, whether or not caused by the negligence (active or passive) of St. Ignatius Church, the University of San Francisco, the Archdiocese of San Francisco, or any of their agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit plan of mine or of my spouse.

I agree for myself and my child/children/ward to defend, hold harmless, indemnify, and release St. Ignatius Church, the University of San Francisco, the Archdiocese of San Francisco, or any of their agents or employees, from all claims or courses of action which may result from such participation.

I am not aware of any medical condition of my child which would render it inappropriate for her/him to participate in any such activity.

I, hereby, give permission to the medical personnel selected by the youth activities supervisory personnel then present to render medical or dental treatment deemed necessary and appropriate by the physician, surgeon, or dentist.

X _____
Signature of Parent/Guardian Printed Name of Parent/Guardian Date