



**Dickherber
Farm 2017**

Event Information		
On September 24 , IMPACT will be going to Dickherber Farms located at 7063 Highway N, Dardenne Prairie, MO 63368		
Cost: \$20 – (Food, corn maze, hayride) Please Bring: Jacket for evening & a great attitude		Due: September 24, 2017
Start Time: We will meet at 4:30pm at St. Elizabeth Ann Seton – 2 Seton Court, St. Charles, MO 63303		
End Time: We will finish at 8:15pm at St. Elizabeth Ann Seton – 2 Seton Court, St. Charles, MO 63303		
Participant Information		
Name:		
Address:		Cell:
City:	State:	Zip
Parent Information		
Parent(s) Name:		
Address:		
City:	State:	Zip
Home:	Mom:	Dad:
Emergency Contact		
Name:		
Relation:	Home:	Cell:
Liability Release		
<p>1. I will allow my child _____ to participate in the Youth Ministry Activity listed above.</p> <p>2. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Archdiocese of St. Louis, its parishes, clergy, officers, directors, 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.</p> <p>3. I agree to compensate the Archdiocese of St. Louis, its parishes, clergy, officers, directors, employees and agents, chaperones, or representatives 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 negligence of the parish/diocese.</p> <p>4. I hereby warrant that to the best of my knowledge my child is in good health and I assume all responsibility for the health of my Child. In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.</p> <p>5. I hereby grant permission for non-prescription medication (aspirin, ibuprofen, cough drops, etc.) to be given to my child if appropriate.</p> <p>6. I hereby give permission to IMPACT Youth Ministry and the parishes they serve to use any photographs or video footage taken of my child in print and on their website for promotional purposes.</p> <p>7. I understand that for all Youth Ministry activities there is a zero tolerance policy for the use of any mood altering chemicals (including alcohol and drugs), foul language, threats or any types of abuse, inappropriate behavior, and inappropriate physical contact. My child agrees to follow this policy.</p>		
Parent Signature:		Date:
Participant Signature:		Date: