

Parental Permission Form for specific activity/event

I, _____, grant permission for _____
(Name of Parent or Guardian) (Participant's name)
to participate in _____
(Event name and date)

I agree on behalf of myself, my child's other parent if known or living, _____, (Name of other Parent) my child or our heirs, successors and assigns, to hold harmless and defend the _____, (name of parish) the Diocese of Knoxville, its officers, directors and agents, chaperones, or representatives associated with the event, arising from or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the Diocese of Knoxville, chaperones or representatives associated with the event for reasonable attorney fees and expenses arising in connection therewith.

Signature of Parent/Guardian

Today's Date

Please return this completed form to Tom Miklusicak by date specified _____ or prior to event. In order to participate in youth ministry activities that involve travel away from the parish, this completed form is required, along with a completed medical release form that will be in effect for 2 years from the time it is completed and kept on file in the youth office. The medical release form and this permission form will accompany your youth on the activity or event. In some cases, a separate code of conduct will be required.

For questions about this form or more information, please contact:
Tom Miklusicak
(865) 558-4133 (office)
(865) 405-0207 (cell)