

ADULT LIABILITY WAIVER

In addition to the Medical Information and Consent form, each adult participant, including volunteers, group leaders and chaperones, must sign this form.

RELEASE OF LIABILITY

I, KEVIN KINCHELL _____, agree on behalf of myself, my heirs, assigns,
Full Name

executors, and personal representatives, to defend, to hold harmless and indemnify St. Andrew the Apostle School, New Orleans, Louisiana, and The Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, agents, employees, or representatives from any and all liability claims, loss or damage arising from my negligent and/or intentional acts during my participation in the event described below.

Type of Event: Troop 64 Fishing

Destination of Event: Lakes, LA

Sponsoring Agent: Troop 64, BSA

Estimated time of departure and return: Depart: 6:30 AM, Sat. 11/9/13. Return: 12:30 PM, Sat. 11/9/13.

Mode of transportation to and from event: Personal Vehicles

Kevin Kinchell
Signature

11/6/13
Date

KEVIN KINCHELL
Print Name

ST. ANDREW THE APOSTLE SCHOOL, NEW ORLEANS, LOUISIANA
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: SEAN KINCHEM

Birth date: 7/27/01 Sex: M

Parent/Guardian's name: KEVIN KINCHEM

Home address: 726 EVERGREEN DR., GRETNA, LA

Home phone: (504) 213-5561 Business phone: (985) 649-5882

I, KEVIN KINCHEM, grant permission for my child, SEAN KINCHEM,

to participate in this parish/school activity that may require transportation to a location away from the parish site. This activity will take place under the guidance and direction of employees and/or volunteers from St. Andrew the Apostle School, New Orleans, Louisiana. A brief description of the activity follows:

Type of event: Troop 64 Fishing

Location(s): Lakes, LA

Individual in charge: Connell Vallette

Duration of activity: Depart 6:30 AM, Sat. 11/9/13 & Return 12:30 PM Sat. 11/9/13

Mode of transportation to and from event: Personal Vehicles

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I confirm that there are no necessary changes to the Medical Information Consent form for my child that I completed at the beginning of this school year. If there are any necessary changes, I will complete another Medical Information Consent form.

I agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to indemnify hold harmless and defend St. Andrew the Apostle School, New Orleans, Louisiana and The Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, employees, agents and representatives associated with the event arising from or in connection with the negligence and/or intentional acts of my child.

Signature: [Handwritten Signature]

Date: 11/6/13