

*****NOTICE: THIS CONSENT COVERS ANY LIABILITY CONCERNS WHERE STUDENT AMBASSADORS ARE TRAVELING ON THEIR OWN OR WITH THEIR PARENTS TO AND FROM THE AMBASSADOR ACTIVITIES. When the school (MACS) provides the transportation with school van or a school bus for an event, a separate consent form will be provided.**

**DIOCESE OF LA CROSSE
SUPPLEMENTAL CHILD CONSENT AND RELEASE FORM
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Participant's Name: _____

Birth date: _____ Sex: _____

Parent/Guardian's Name: _____

I, _____, grant permission for my child, _____,
(Parent or Guardian's Name) (Child's Name)

to participate in the various student ambassador service and social activities at various locations.

A brief description of the activity as follows:

Date of event: 2020-2021 school year

Cost of event: no cost for specific ambassador service activities and events

Type of event: MACS student ambassador service and social activities

Destination: various

Departure time: n/a

Estimated return time: n/a

Mode of transportation to event: students are responsible for own transportation to
and from the various student ambassador activities

Meal Arrangements: n/a

I acknowledge that I have previously completed the Comprehensive Child Consent and Release form, providing medical information, permissions, authorizations and release pertaining to my child. I have listed below any additions and/or corrections to the information provided on that form:

Subject to any changes above, I hereby reaffirm any and all such disclosures, permissions, authorizations and releases as though stated herein.

Signature: _____ Date: _____

Please return this with student's commitment form. Thank you.