



Overnight Event Permission Form

Parent / Guardian

I, _____ (Parent/ Guardian) grant permission for my child (under 19),
_____ (participant's name) to participate in an overnight event
on _____ (date).

As parent /legal guardian, I remain legally responsible for any personal action take by the participant. I agree on behalf of myself, the participant, our heirs, successors, and assigns, to hold harmless and defend the Society of Saint Vincent de Paul Canada, their officers, directors, employers or representatives associated from any claims arising from or in connection with my child attending the event or in connection with any illness, injury (including death) or cost of medical treatment.

Parent / Guardian Name: _____

Signature: _____ Date: _____

Participant

I, _____ (Participants Name) agree to follow rules and guidelines placed by the Society of Saint Vincent de Paul Canada. I understand that I will be sent home if I fail to follow rules and guidelines placed on the day of the event.

Participant Name: _____

Signature: _____ Date: _____