

LIABILITY/MEDICAL RELEASE FORM – TEEN PARTICIPANT

03/08b

(ONE FORM MUST BE COMPLETED FOR EACH PERSON ATTENDING)

Event: 2008 Youth Activities

Group Leader: Melissa Goncalves

Participant's Name: _____ M/F _____ Year of Graduation _____

Date of Birth _____ E-mail _____ T-Shirt Size _____ Do you have a youth shirt? _____

Parents/Guardian: (Mr. & Mrs.)(Mr.)(Ms.)(Mrs.) First _____ Spouse _____ Last _____
circle one

Home Address _____ City _____ State _____ Zip _____

Parents Home Phone # (_____) _____ Parents Work Phone # (_____) _____

Parents Cell Phone # (_____) _____ Parents Other # (_____) _____

Parents Address if different than Participants: First _____ Last _____

Address _____ City _____ State _____ Zip _____

LIABILITY RELEASE

- ❖ I give permission to my above named son/daughter to attend the event listed above.
- ❖ As parent or legal guardian, I remain fully responsible and liable for any claims brought against the St. Mary's Parish, the Diocese of San Diego or their officers, directors, agents, volunteers or representatives that may result from any action taken by my child. I further agree to indemnify and release the above named parties from any other claims that may arise from the attendance of my son or daughter at the event listed above.
- ❖ I understand that unacceptable behavior will not be tolerated and may result in immediate dismissal of my child, with transportation home at my expense.

Parent Signature: _____ **Date:** _____

MEDICAL HISTORY

PLEASE HAVE YOUR INSURANCE CARD WITH YOU AT ALL TIMES

Allergies: _____

Current Medications: _____

Medical History: _____

EMERGENCY MEDICAL TREATMENT

- ❖ In the event of an emergency, I hereby give permission to the representatives of St. Mary's Parish or the Diocese of San Diego, to transport my child to a hospital to receive emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.
- ❖ I relieve St. Mary's Parish, the Diocese of San Diego, and all of their officers, directors, agents, volunteers and representatives of all responsibility and consequences that may arise as a result of this treatment. I will not hold any of the above named parties liable in the event of injury. Further, I agree to accept any and all financial responsibility as a result of medical treatment.

Parent Signature: _____ **Date:** _____

NONPRESCRIPTION MEDICATION

I hereby grant permission for nonprescription medication (such as aspirin, throat lozenges, cough drops) to be given to my child, if deemed advisable by the emergency medical personnel supplied by St. Mary's Parish or the Diocese of San Diego.

Parent Signature: _____ **Date:** _____

PHOTOGRAPHY

I acknowledge that there may be pictures or video taken at these events, which may be posted on the church websites. I hereby grant permission to post these pictures and/or video of my child on the church websites.

Parent Signature: _____ **Date:** _____

In the event of an emergency, if you are unable to reach me at the above number, contact:

Name: _____

Relationship: _____ Telephone: # (_____) _____