

PREPARE FOR LENT RETREAT – February 18, 2012

LIABILITY/MEDICAL RELEASE FORM

Participant's Name _____ Grade: _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Email _____ School _____

Date of Birth _____ Age _____ Group Leader: Amanda Ciccocioppo Parish Sacred Heart, Lbg

PARENT/GUARDIAN

I, _____ (name), give permission to my above-named son/daughter to attend the Prepare for Lent Retreat at Saint Joseph Parish Mechanicsburg, PA on Saturday February 18, 2012.

I understand and have been informed that taking part in this youth event involves the risk of injury, and that participation is voluntary. I understand that the program will have competent adult supervision and reasonable and appropriate measures will be made to minimize the risk of injury and/or accident for all participants. I hereby consent and authorize any staff members and/or adult volunteers to secure emergency medical care or treatment that may be necessary for my self/child during the event. Furthermore, I release and hold harmless any said staff member and/or adult volunteer from any liability as a result of that staff member or adult volunteer who acting in good faith is placed in a position of making decisions required for emergency care or medical treatment for my self/child. In case of an accident, injury or loss, neither my family nor I will hold the Diocese, the parish, nor any person or affiliate organization associated with the event, responsible or liable.

I am hereby advised that photographs or video of participants may be taken during this youth event and used in publications, websites or other materials to promote ministry (participants would not be identified). I/My child will abide by the Diocese of Harrisburg Office for Youth and Young Adult Ministry Code of Conduct for Youth or Adults (if applicable). I also acknowledge that if I/he/she has to return home early for discipline violations, it will be at my own expense.

SIGNATURE OF PARENT/LEGAL GUARDIAN _____ **Date** _____

Family Physician _____ Phone # _____

Allergies (be specific) _____

Scheduled meal: French bread pizza, fruit, veggies, milk, cake for dessert

Current Medications _____

Medical History (be specific) _____

Medical Insurance provider _____ Insurance # _____

In case of emergency, please contact:

Name _____ Name _____

Address _____ Address _____

Phone # _____ Phone # _____

Alternate # _____ Alternate# _____
(please specify) (please specify)