

DIOCESE OF SPOKANE
PARENTAL PERMISSION SLIP
AND LIABILITY RELEASE FORM

EVENT: St Joseph Youth Events and Service Opportunities

LOCATION: Varies (this will include permission for facebook notifications)

DATE OF EVENT:

PARISH SPONSORING EVENT: St Joseph Parish—Otis Orchards

INDIVIDUAL(S) IN CHARGE OF AND RESPONSIBLE FOR EVENT: St Joseph Youth Team

MODE OF TRANSPORTATION TO BE USED: cars driven by parent volunteers

MEET AT ST JOE'S

COST :

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The undersigned parent (s)/legal guardian give permission for our (my) child _____
To attend and participate in the above described event.

We (I) understand that this event will take place at a location away from the parish grounds, that the above-described mode of transportation to and from the location will be used, and that our (my) child will be under the supervision of the above-designated individual (s).

In case of a medical or dental emergency, we (I) give our (my) consent and authorization for any necessary treatment, to include treatment by a licensed physician or dentist and transfer to any hospital reasonably accessible.

The following information is provided for any licensed physician, dentist, or hospital not having access to our (my) child's medical history:

MEDICAL INSURANCE COMPANY: _____

POLICY NO. _____

FAMILY PHYSICIAN: _____

PHYSICIAN PHONE NUMBER: _____

DATE OF LAST TETANUS SHOT: _____

ALLERGIES: _____

MEDICATION BEING TAKEN: _____

OTHER PERTINENT INFORMATION : _____

In case of an emergency, we (I) can be reached by phone at:

HOME _____ **WORK** _____ **OTHER** _____

We (I) shall be liable for and agree to pay all costs and expenses incurred in connection with any medical or dental treatment rendered pursuant to this authorization. Further, should it be necessary for our (my) child to return home due to medical reasons, disciplinary action or otherwise, we (I) shall agree to pay transportation costs.

We (I) release, discharge and agree to hold harmless the Catholic Bishop of Spokane, his agents and employees from any and all liability, claim to demands for personal injury, illness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by us and/or my child while our (my) child is participating in the event (including transportation to and from the event). Hereby assuming all risk of personal injury, illness, death, damage and expense as result of participation in this event.

Parents/Guardians of participants are advised that photographs or videotape of the participants my be used in publication, websites or other materials periodically produced by the Diocese of Spokane. (Participants would not be identified, however, without specific written consent) Please note that the Office has no control over the use of photographs or film taken by the media that my be covering the event in which your child(ren) participate.(s)

We (I) have fully read this form and sign it voluntarily with knowledge of its terms and conditions.

MOTHER: _____ **DATE** _____

FATHER: _____ **DATE** _____

LEGAL GUARDIAN: _____ **DATE** _____