Emergency Contact, Medical Information, Permission, & Liability Release Form

Parish Name: **Prince of Peace Parish**
Address: **607 Sabattus St. Lewiston, ME 04240**
Phone: **(207) 777-1200**

Event**: 1-Day High School Retreat: Dwell – Finding Sanctuary in Everyday Life.**
Date & Location: **November 22, 2025 Basilica of Sts. Peter & Paul | 122 Ash St. Lewiston, ME 04240**

Please print clearly.

PARTICIPANT INFORMATION

Name: _____ Birth Date: _____ Male ____ Female ____
Address: _____
Phone #: _____ Email: _____

EMERGENCY CONTACT INFORMATION

1st Contact Name: _____ Relationship: _____
1st Contact Phone #: _____
2nd Contact Name: _____ Relationship: _____
2nd Contact Phone #: _____

MEDICAL INFORMATION

Insurance Co.: _____ Group #: _____
ID #: _____ Cardholder's Name: _____

Please list any medical concerns or allergies (food, environmental, etc.) that may impact their ability to participate in this activity:_____
_____

PERMISSION AND LIABILITY RELEASE:

I, _____, the undersigned, request permission for myself/my child to attend this
(parent/guardian full name)
event to be held at the location specified above. I understand that this event will take place under the guidance/supervision of responsible employees/volunteers from within _____ parish and the diocese.
(parish full name)

I hereby indemnify and hold harmless _____ parish in _____
(parish full name) *(city/town)*
and the Roman Catholic Diocese of Portland in Maine and any of their official representatives from any claims of damage resulting to myself/my child during this event and/or while in transit to or from the event. Furthermore, I authorize to have my child treated for emergency medical or dental problems that should result from injuries received providing a licensed physician or dentist advises such treatment. I accept full responsibility for all costs of such emergency treatment. I/my child agrees to abide by all the rules as outlined in the Code of Behavior/Ethics. The parish will not be liable if I/my child fails to cooperate with said rules, and any infractions may result in immediate dismissal from this event. I will accept responsibility for costs for immediate transportation home. I understand that I am legally responsible for my/my child's behavior.

Legal Guardian Signature: _____ Date: _____
Legal Guardian Name (print): _____ Phone: _____