

THE JOURNEY PILGRIMAGE TO ST. CLEMENT'S ISLAND

Student Consent, Release & Medical Information Form

Participant Information

Student Name: _____ Date of Birth: _____
Grade (2026–2027): _____ Gender: ☐ Male ☐ Female

Consent, Release, and Liability Waiver

I, [below-named Parent or Guardian] grant permission for my child, [above-named Minor Participant] to participate in The Journey Pilgrimage to St. Clement's Island. Except for activities conducted through a third-party provider, this activity will take place under the guidance and direction of parish employees and/or volunteers from St. Aloysius Church and other parishes of the Archdiocese of Washington.

A brief description of the activity/event (which may involve high-risk/adventure activities) follows:

Type of activity/event: The Journey Pilgrimage to St. Clement's Island
Destination of event: St. Clement's Island, Colton's Point, Maryland
Organization in charge: St. Aloysius Church, Leonardtown, MD
Mode of transportation to and from event: Boat

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). On behalf of myself and the participant, I hereby fully release, and waive any and all claims against, the Archdiocese of Washington, its parishes, directors, employees, agents, chaperones, and representatives associated with the activity/event (collectively, "Archdiocese"), as set forth below in more detail.

I understand that this activity/event may involve high-risk activities, with an increased risk of personal injury. With appreciation of the dangers and risks associated with this activity/event and all related activities, on my own behalf and on behalf of the participant, I hereby fully and completely release and waive any and all claims, including—but not limited to—those for personal injury, death, or loss, that may arise against the Archdiocese of Washington and I hereby further agree that the full scope of the Location-Specific Release's waiver and release language shall also encompass any potential claims against the Archdiocese of Washington related to this activity/event, such that the Archdiocese of Washington is released from any and all claims at least to the same extent as the Third-Party Provider.

On behalf of myself and on behalf of the participant, I hereby fully and completely release and waive any claims against the Archdiocese relating to and/or arising out of the activity/event, to the fullest extent allowed by law.

I agree on behalf of myself, my child named herein, and our heirs, successors, and assigns, to hold harmless and defend St. Aloysius Church, its officers, directors, employees and agents, and the Archdiocese of Washington, its employees and agents, chaperones, and representatives associated with the event, from any claim arising from or in connection with my child attending the activity/event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Washington, its employees and agents and chaperones, or representatives associated with the event, for reasonable attorneys' fees and expenses which may incur in any action brought against one or more of them as a result of such injury or damage.

By signing or typing your name below, I represent and warrant that I am the parent or legal guardian of the participant and have authority to sign this consent, release, and waiver.

☐ I have read and agree to the Consent, Release, and Liability Waiver.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Medical Information

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Important Medical Information: Please list any allergies, medications, medical conditions, physical limitations, dietary restrictions, or other information that faculty/chaperones should be aware of. If none, write "None."

Emergency Contact Name (if different from parent/guardian): _____

Relationship: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____