DIOCESE OF BRIDGEPORT
LIABILITY/MEDICAL RELEASE FORM – YOUTH PARTICIPANT

Activity: _____   Date: /   /

Parish: St. Aloysius Parish

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SECTION ONE: PARENT / GUARDIAN REQUEST AND MEDICAL CONSENT

Student Information:
Name _____ Age _____ Date of Birth _____

Address_____City, State, Zip _____

Cell Phone _____   Home Phone_____

The undersigned do hereby request and consent that my child _____ attend and participate in the activity and associated activities listed above. I authorize an adult, in whose care the minor has been entrusted, to render supervision and to provide consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician, dentist or emergency medical technician licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or treatment center whether such diagnosis or treatment is rendered at the office of said physician or said hospital or treatment center.

The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this request and authorization.

The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in the above activity sponsored by the Diocese of Bridgeport and St. Aloysius Parish.

I give permission to St Aloysius Parish and the Diocese of Bridgeport to photograph videotape and/or film my child and to use his or her image in photographs, video, and/or film for the purpose of promoting the mission, activities, and any programs. I understand that I, and my child are not entitled to any compensation or rights in these materials, and I release St Aloysius Parish and the Diocese of Bridgeport or any of its agents from any liability for the use of my child's image for the above stated purposes.

Medical Insurance:

Insurance Company: _____

Policy Number: _____

Primary Physician: _____

Physician's phone: _____

Please list the following, if applicable:

Allergies_____

Specific concerns _____

_____

Medication your child is taking_____

Parent / guardian signature _____ Relationship: _____

Date: _____

SECTION TWO: PARENT /GUARDIAN REQUEST AND RELEASE OF ALL CLAIMS

In consideration for being accepted by St Aloysius Parish and the Diocese of Bridgeport for attendance at and participation in the above-listed activity and associated activities, on behalf of my child participant (if under the age of 18), I _____, hereby assume all risk of personal injury, sickness, death, damage, expense as a result of participation in all activities involved therein.
The undersigned further hereby agree to hold harmless, and indemnify said Parish and Diocese, its directors, employees, agents and adult volunteers, for any liability sustained as a result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

I, thereby request participation and grant permission for above mentioned child to participate fully in said activity, and hereby give my permission to accompanying chaperones to supervise, care, and discipline my child.

Further, should it be necessary for the participant to return home due to medical reason, disciplinary action or otherwise, I assume all transportation costs. When travel to, and from the activity is not parish sponsored, I assume all liabilities for any personal injury, damage and expense incurred as a result of riding in or driving any vehicle to and from said activity.

Print name of participant_____

Home Phone #_____

Mother's work or cell phone # _____ Email: _____

Father's work or cell phone # _____ Email: _____

Parent / guardian signature _____ Relationship: _____

Date: _____

SECTION THREE: PARTICIPANT ONLY

I have read the foregoing and itinerary addendums or attachments, if applicable, and understand the rules of conduct and will abide by them, as well as the directions of the leadership of the activity. I understand that my participation in said activity can be ended at any time at the discretion of activity leaders.

Student signature: _____

Date: _____