

**/Parental Permission and Liability Release Form**

**Event and Date: Skiing at Lookout Pass, Monday, February 15, 2016 – All Day**

**Location: Lookout Pass, I-90 Exit 0 Mullan, ID 83846**

**Cost: Varies – see sign-up sheet**

**Parish Sponsoring and Individual in Charge: St. Mary Parish, Jeanette Benson**

**Mode of Transportation: Bus (or meet us there)**

To whom it may concern:

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 will be used, and that our {my} child will be under the supervision of the above designated individual.

In case of medical or dental emergency, we {I} give our {our} 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.

**Allergies:** \_\_\_\_\_

**Date of Last Tetanus Shot:** \_\_\_\_\_

**Medications Being Taken:** \_\_\_\_\_

**Family Physician and Phone #:** \_\_\_\_\_

**Medical Insurance Company:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Other Pertinent Information:** \_\_\_\_\_

In case of emergency we {I} can be reached by phone at  
(H) \_\_\_\_\_ (W) \_\_\_\_\_ (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} agree to pay transportation costs.

Finally, in consideration for our {my} child's participation in this event, we {I} release, discharge and agree to hold harmless the Catholic Bishop of Spokane, his agents and employees from any and all liability, claim or 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 our {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 a result of participation in this event.

We {I} have fully read this form and sign voluntarily with knowledge of its terms and conditions.

\_\_\_\_\_  
Mother/ Father/ Legal Guardian

Date: \_\_\_\_\_

Details:  
Paid \_\_\_\_\_  
Need Ride: \_\_\_\_\_  
Parent Volunteer: \_\_\_\_\_