

T-Shirt Size: \_\_\_\_\_

**FIAT FOUNDATION, INC.  
KOREAN CATHOLIC YOUTH DAY 2015  
MINOR PERMISSION & RELEASE FORM**

**Event/Program: FIAT Korean Catholic Youth Day 2015**  
**Location: Servite High School (1952 W La Palma Ave, Anaheim, CA 92801)**  
**Date(s): January 3, 2015                      Time: 8:30am – 7:30pm**

===== DO NOT CUT =====

(Please Print)  
Participants Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Parent's name: \_\_\_\_\_ Cell No: \_\_\_\_\_ Work No: \_\_\_\_\_  
If you can not be reached call: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy No: \_\_\_\_\_  
Allergies/Medical Problems/ Disabilities \_\_\_\_\_

I, the Parents (guardian) of \_\_\_\_\_ hereby give my permission for her/ his participation in the above named activity. I agree to direct my child to cooperate and conform to directions and instructions of parish, organization, school or personnel responsible for this Activity.

As a condition of my child being allowed to do so, I hereby release and discharge FIAT Foundation, Inc., its constituent organizations and their officers, employees and volunteers from any and all claims for personal injuries or property damage that (s)he may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damages are caused by the negligence, active or passive, of any of the entities, individuals named or described above.

I agree that in the event my child being injured as a result of his, her participation in the above named activity, including transportation to and from this activity, whether or not caused by the negligence, active or passive of the parish, organization, school, or youth activities program or any of its agents of employees, recourse for the payment of any resulting hospital, medical or dental insurance, or any available benefit plans of mine or my spouse. I am aware of any medical condition of my child which would render it appropriate for him, her to participate in any activity.

I, hereby authorize the making of photographs, motion pictures, video tapes, recording, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I hereby waive any rights to compensation or any right that I otherwise might have to limit if to control such making or use.

I, hereby give permission to the physician, nurse, dentist, or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed care staff.

Parent's/ Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_