

St. Michael Youth Ministry Permission Form

Health Information/Release of Liability/Consent to Treat

Date: SUNDAY, November 22, 2015

Praying and hiking

Schooleys Mountain Park

Time(s): 7:00Am Mass. At the park (9:15 am to Noon)

Participant Name: _____

Address _____ City/State/Zip _____

Name of Parent(s)/Guardian(s) _____

Home Phone: _____ Work /Emergency Phone: _____

Health Insurance Company _____ Policy # _____

Youth: Grade: _____ Birth Date _____ Male/Female: _____

Is your child currently under the care of a physician? (Please circle: Y / N)

If yes, explain: _____

I, as parent/guardian, for the teen listed above, have read the foregoing Health Information/Release of Liability/Consent to Treat Form and the answers are all correct. I give my teen permission to attend and participate in the events taken place on the dates listed above and to be under the supervision of both St. Michael Youth Ministry volunteers and staff members. I can be reached at the telephone numbers referred to above, but if emergency medical care or treatment shall be necessary and if I cannot be contacted, I authorize the chaperones to act on my behalf and approve appropriate treatment.

RELEASE of LIABILITY: In consideration of St. Michael Church accepting my teen's registration for this event, I release, hold harmless and discharge St. Michael Church, the Bishop and the Diocese of Paterson, as well as their officers, trustees, employees, agents and affiliates, of and from any and all liability, claim, loss, damage, cost or expense and waive any such claims against any such person or organization arising directly or indirectly from or attributable to any action or omission to act of any such person or organization in connection with this event, and I further agree to indemnify and hold harmless St. Michael Church, the Bishop, the Diocese of Paterson and their affiliated personnel from any such liability, claim, loss, damage, cost or expense which may be occasioned by reason of any defect in any vehicle, or through the acts of default of any person or company engaged in conveying passengers, or in carrying out the arrangements of the event, including losses due to delays of changes in means of transportation.

Date: _____ **Please print name:** _____

Signature of Parent/Guardian: _____

** Please Initial: **

** I give permission to St. Michael's Youth Ministry Staff/Core Team Volunteers to transport my teen. ** _____