

Archdiocese of Chicago – Child/Minor participation Release Form

(PLEASE PRINT CLEARLY)

NO ONE WILL BE ALLOWED TO PARTICIPATE WITHOUT FIRST PRESENTING THIS FORM

Child/Teen Name	Parent(s)/Guardian(s) Name- Relation to child/teen	
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Address	City, State, Zip Code	Home Phone
<hr/>		
Hospitalization Plan	Policy Number	Emergency contact and number
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Any allergies or medications currently being taken:		
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IMPORTANT INFORMATION

The Catholic Bishop of Chicago (the CBC) and Queen of Martyrs Parish are committed to conducting its programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their child in programs must recognize however, that there is an inherent risk to injury when choosing to participate in activities. The CBC and Queen of Martyrs parish continually strive to reduce risks and insist that all participants follow safety rules and instructions which have been designed to protect the participant’s safety.

Please recognize that the CBC and Queen of Martyrs Parish do not carry medical accident insurance for the injuries sustained in its programs. The cost of such would make program fees prohibitive. Each person registering themselves. It must be noted that the absence of health insurance coverage does not make the CBC or Queen of Martyrs Parish automatically responsible for the payment of medical expenses.

Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the CBC and Queen of Martyrs Parish Requires the execution of the following waiver and release.

Your cooperation is greatly appreciated.

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware in registering your child/teen/minor for participation in this program you will be waiving and releasing all claims for injuries you or your child/teen/minor might sustain arising out of this

PROGRAM: MISSION TRIP (Harlan, KY)

PROGRAM DATES: July 8th – July 14th 2012

-As the parent/guardian of the participant in the program, I recognize and acknowledge there are certain risks of physical injury and I agree to assume the full risk of any injuries (including death), damages of loss which I or my child/teen/minor may sustain as a result of participating in any and all activities connect with or associated with such program.

-I agree to waive and relinquish all claims I or my child/teen/minor may have as a result of participating in the program, against the CBC and Queen of Martyrs Parish and their agents, servants and employees.

-I do hereby fully release and discharge the CBC and Queen of Martyrs Parish and their officers, agents, servants and employees from any and all claims from injuries, (including death), damage or loss which I or my child/teen/minor may have or which may accrue to me or my child/teen/minor on account of participation in the program.

-I further agree to indemnify and hold harmless and defend the CBC, Queen of Martyrs Parish and their officers, agents and employees from any and all claims result from injuries (including death), damages and losses sustained by me or my child/teen/minor or arising out of, connected with, or in any way associated with the activities of the program.

-I understand that bringing of, or use of any drugs, including alcohol, will not be tolerated, and that if my child/teen/minor violates any of the rules which have been established, I will be called to pick up him/her at my own cost.

In the event of any emergency, I authorize the CBC and Queen of Martyrs Parish officials to secure from a licensed hospital, physical and/or medical personnel any treatment deemed necessary for my child/teen/minor immediate care and agree that I will be responsible for payment of any/all medical services rendered.

By signing this form you are giving your consent to use your minors name and pictures from this event in the parish bulletin and on the internet.

By signing this form you are giving your consent for the Youth Minister to communicate electronically (email, text message, facebook) with you minor.

I have read and fully understand the above Program Details, Waiver and Release of all Claims and Permission to Secure treatment.

(Parent(s)/Guardian(s) Signature)	DATE	(Participant’s Name)	DATE
		Birthday _____	T-Shirt Size _____
		Grade _____	