

Medical and Liability Release and Participation Agreement Form

I give permission for my son/daughter to take part in the _____
In consideration of the opportunity for my son/daughter to participate and fully recognize that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify and agree to hold harmless the Diocese of Fargo, parish of St. John's, its agents, employees and officers and chaperons, leaders, organizers and sponsors, and persons transporting our son/daughter to and/or from these activities. Neither the Diocese of Fargo, parish of St. John's or any said persons shall be held financially responsible for any injury, illness, or death incurred as a direct or indirect result of these activities. We the undersigned have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

In the event of an emergency and I cannot be contacted, I hereby authorize that emergency treatment may be administered.

Date _____

Parent/Guardian (Print) _____

Parent/Guardian (Signed) _____

Phone (H) _____ (W) _____ if emergency call _____

Health Insurance Company _____

Policy or Group # _____ Phone _____

Please list any allergies. Include medications, foods, etc. _____

Does your child have any special or medical needs, including medications currently being used?

NO _____ YES _____

If yes, please explain: _____

Activities that your son/daughter should NOT participate in: _____

The following are special circumstances regarding my son/daughter you should be aware of:

Date of last tetanus shot _____

Doctor's and Clinic's Name and phone # _____

Dentist's Name and phone # _____