

Saint Michael Roman Catholic Church

CONSENT AND RELEASE FORM

(Required for those under age 18)

Event Information: Easter Egg Hunt
Saturday, April 13, 2019 10:00am- 2:00pm
Meet in Church Gymnasium

Participant Information

Name: _____ male female

Date of Birth: ____ / ____ / ____ Age: _____

Parent/Guardian Information

Name(s): _____

Home Phone: _____ Cell Phone: _____

Address: _____

Emergency Contact Information [Other than parents, in case parents cannot be reached]

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Medical Information [Even if no medical conditions exist, please fill in your physician and insurance information]

Family Physician Name: _____ Phone: _____

Healthcare Provider: _____ Policy #: _____

Name of Insured: _____ Relationship: _____

Allergies and special health conditions: _____

Medication:

Please list all medications (including over the counter and prescription) taken routinely.

Med #1 _____ Reason: _____

Med#2 _____ Reason: _____

Saint Michael Roman Catholic Church

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Consent and Release Form

[Please read the following very carefully]

General: I hereby give permission for my child to participate in the above event. I understand and assume the risks inherent with this event from other parties, but I also understand that all reasonable care and supervision will be exercised to provide for the general well being of my child. I individually and on behalf of my child named above, do hereby release, covenant not to sue, forever hold harmless and forever discharge: St. Michael Roman Catholic Church, the Bishop and the Diocese of Paterson, and all employees, agents, volunteers, officers, trustees, and affiliates for the event, from any and all claims, liability, loss, damage, demands for personal injury, cost or expense and waive any such claims against any such person or organization in connection with this event, and I further agree to indemnify and hold harmless St. Michael Church, the Bishop and the Diocese of Paterson and their affiliate personnel from any such liability, claim, loss, damage, cost or expense for any and all harm arising to my child as a result of their participation in this event.

Media/Photo Waiver: I give permission for my child to be photographed at the above event by St. Michael Church or their representative. These photographs may be used in publications, including electronic publications, or in audiovisual presentations, promotional literature, advertising, or in other similar ways.

Medical: I hereby grant my permission to take my child to a doctor or hospital by a St. Michael Church Representative and hereby authorize medical treatment, including, but not limited to emergency surgery or medical treatment, and assume all responsibility of all medical bills. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I hereby assume and indemnify St. Michael Catholic Church from all transportation costs.

Participant

Print Name: _____ Sign Name: _____
Date: _____

Parent/Guardian

Print Name: _____ Sign Name: _____
Date: _____