

**Complete both sides.
Thanks.**

Holy Trinity Catholic Church
Lenexa, Kansas

Liability Release Form

I /We request my son/daughter be able to participate in the Holy Trinity Catholic Church's Confirmation Retreat at Holy Trinity Church, Monday, January 17, 2022

I give permission for my child(ren) _____ to participate in this event. In consideration for the making of the arrangements for this event, I hereby release and save harmless Holy Trinity Catholic Church, any and all employees and volunteers from any and all liability for any and all injury resulting from this event.

Parent / Guardian Signature

Date

.....

Medical Release Form

I hereby give my consent, in case of injury or illness, to have those in charge of above event obtain the necessary medical assistance and/or treatment from qualified medical personnel, for my child(ren) _____, in the event that I cannot be reached. I also agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Parent / Guardian Signature

Date

.....

Medical and/or Hospital Insurance Company: _____

Policy Numbers: _____

Subscriber's Name: _____

Known allergies, medical conditions and other pertinent medical information:

*Parents / Guardians: Return this form to the Parish Office, attn: Kathleen, no later than December 10, 2021. No child will be allowed to participate without a signed release. **Ensure that both sides are completed and signed.***