



Religious Education Permission Form

RELEASE AND CONSENT FORM

(Minors 18 and under)

I, _____, the undersigned, give permission for my son/daughter _____ to attend Our Lady of China (OLOC) Pastoral Mission Religious Education classes and activities held at St. Mary's School in Rockville, MD. It is understood that reasonable caution will be taken by those persons in charge to prevent injuries. In consideration of my child's being permitted to participate in religious education, I personally and on behalf of my child, hereby release Our Lady of China Pastoral Mission, its employees, coordinators, volunteers, and chaperones, and the Archdiocese of Washington, its employees and agents, and representatives associated with specific events, from any claim arising/ resulting from or in connection with my child attending the activities and/or transportation to and there from, or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and agree to compensate Our Lady of China Pastoral Mission, its employees, coordinators, volunteers, and chaperones, associated with Religious Education activities for reasonable attorney's fees and expenses which may incur in any action brought against them as a results of such injury or damage, unless such claim arises from the negligence of the pastoral mission.

I understand that Our Lady of China Pastoral Mission and the Archdiocese of Washington will not be held liable if my child fails to cooperate with regulations (e.g. no possession of alcohol or illegal drugs) and that any infractions of the rules may result in immediate dismissal from future Religious Education activities.

In the event that I cannot be reached, I hereby grant permission for my son/ daughter to be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practice by licensed medical personnel. I authorize the Our Lady of China Religious Education Coordinator, Teachers, and/or the person(s) designated by him/her to make appropriate decisions in regard to my child's health.

Permission is hereby granted to OLOC to use the photographs and quotations of my son/ daughter to assist in community awareness, educational efforts, or related public relations purposed that may include brochures, posters, website and print media.

Parent or Legal Guardian signature

Date

Contact Phone Number: _____

Alternate Emergency Phone Number: _____