

2020 March for Life

Saint Columbkille - Mary Queen of the Apostles Registration Form (ML20 - 1)

Families and youth are welcome. However, minors must be accompanied by an adult who is responsible for them. The organizers of this trip assume no supervisory responsibility for minor participants.

Name: _____

Phone: (____) _____

Email: _____

Cell phone during trip: (____) _____

If applicable, I am responsible for the following minors on this trip:

To secure your place:

Deliver a completed packet of forms (ML20 - 1, ML20 - 2, ML20 - 3) and a minimum downpayment of \$50 to Fr. Michael Petkosek at St. Columbkille or Bob Huczel at Mary Queen of the Apostles.

Make checks payable to: Saint Columbkille Parish

Annotate on memo line: 2020 March for Life

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Saint Columbkille - Mary Queen of the Apostles

Release of Claims (ML20 - 2)

In exchange for and in consideration of the opportunity to participate in the St. Columbkille - Mary Queen of the Apostles pilgrimage to the 2020 March for Life in Washington D.C., leaving January 23, 2020, I hereby agree to the following:

I understand the nature and scope of the March for Life.

I recognize, as with any activity, the possibility of injury associated with my participation in this pilgrimage to the March for Life.

I assume all risks in connection with my participation in the March for Life.

I, on behalf of myself, my spouse, as well as our respective heirs and assigns, executors, all other legal representatives and any others claiming through us or on behalf of us, hereby agree and release, discharge, hold harmless, and indemnify the Most Reverend Nelson J. Perez, Bishop of Cleveland, the Roman Catholic Diocese of Cleveland, St. Columbkille Parish, Mary Queen of the Apostles Parish, as well as their respective employees, agents, representatives, sponsors, and volunteers from and against any and all claims, judgements, liability of any nature of extent which in any way arise out of or related to my participation in the March for Life, whether foreseen or unforeseen.

I understand that it is my responsibility to carry appropriate medical insurance for myself and such is not the responsibility of any other person or party, including, without limitation, St. Columbkille Parish, Mary Queen of the Apostles Parish, or the Roman Catholic Diocese of Cleveland.

In signing below, I warrant that I have read and fully understand this release.

Signature _____ Date _____

Print Name _____

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Medical Release Form (ML20 - 3)

One form (ML20 - 3) is required for each participant

Event: Pilgrimage to the 2020 March for Life in Washington D.C.

For Adult: I, _____,

For Minor: I, the undersigned parent or guardian of _____,

All: do hereby authorize adult volunteers of St. Columbkille Parish or Mary Queen of the Apostles Parish as agents for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital.

Date signed: _____

For Adult:

Signature: _____

Print Name: _____

For Minor:

Parent/Legal Guardian Signature: _____

Parent/Legal Guardian Print Name: _____

All:

Name: _____

Address: _____ City: _____

Emergency Contact: _____

Relationship: _____

Phone: (____) _____

Health Insurance Company: _____

Phone: (____) _____

Participant's Birth Date: _____

Please list any allergies or severe medical issues: