

PARENT/GUARDIAN PERMISSION/RELEASE:

My child _____ (print name of child) will be attending:

**The St. Patrick's High School Youth Retreat: Rejoice! and Reconnect! On
November 5-7, 2021.**

Name of parent/legal guardian (please print): _____

Address: _____

I consent to any transportation, emergency transportation, medical treatment, care or hospitalization deemed necessary for the welfare of my child by a licensed physician, dentist, qualified nurse, or hospital in the event of injury or illness while my child is participating in the above stated activity. I understand that St. Patrick Parish will assume no liability or costs for such emergency transportation and medical treatment. I also understand that St. Patrick Parish may not carry accident medical insurance for certain incidents and that insurance coverage is my responsibility.

I acknowledge that this activity entails known and/or unknown and unanticipated risks which could result in physical and/or emotional injury, paralysis or death, as well as damage to property, or to third parties. I agree to hold and save harmless St. Patrick Parish, its employees, and assigns for any claims, suits, or damages (including but not limited to defense and indemnification) which might result from my child participating in the above-described event/activity.

I certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity. I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, and/or administer emergency care to the above-named child. I understand every effort will be made to contact me at the phone number provided below to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the person managing the child's situation to obtain emergency care for my child, neither she/he nor St. Patrick Parish assumes financial liability for expenses incurred because of the accident, injury, illness, and/or unforeseen circumstances. I understand that I am responsible for any and all costs associated with and/or unforeseen costs, accident, and/or injury.

In the event of an emergency, I wish the following person to be notified:

Name: _____

Phone Number: _____

Signature of Parent or Guardian: _____

Please return to the parish office or directly to Emily Brabham by October 1st.

If you have any questions or concerns, please contact Emily Brabham, Director of Evangelization, at emily@st.patsak.org or 907-337-1538 x28.