

PARENTAL PERMISSION / LIABILITY RELEASE / CONSENT TO TREAT

Student Name: _____ Gender: _____

Age: _____ Grade: _____ Home Phone: _____ Cell Phone: _____

Home Address: _____ City _____

Parent/Guardian Name(s): _____

Email Address(es): _____

Emergency Contact Name & Phone Number: _____

Physician: _____

Insurance Co.: _____ Health Insurance Policy #: _____

Medications/Allergies/Other Conditions of Note: _____

I, the parent/guardian of the above-named minor child, in consideration for my child being permitted to attend the **Marian Pilgrimage** youth event to the Shrine of Our Lady of Guadalupe in LaCrosse, WI, and the Shrine of Our Lady of Good Help in Champion, WI, with the Ss. Peter and Paul/St. Thomas the Apostle/St. Anne Youth Ministry Program from Thursday, Oct. 15, 2015, to Friday, Oct. 16, 2015, hereby give my permission for said child to attend said event and agree to indemnify and hold harmless, to the furthest extent permitted by law, the Archdiocese of St. Paul and Minneapolis, St. Anne, the City of Hamel, MN, Ss. Peter & Paul Catholic Church, the City of Loretto, MN, St. Thomas the Apostle Catholic Church, the City of Corcoran, MN, and any and all of its/their employees, supervisors, and/or volunteers from any harm, claim for damages, cause of action, lawsuit or other legal proceeding resulting from the injury or death of my child, (and/or for myself if I attend said event also).

Further, in the event of injury to said child and I cannot be reached, I hereby grant authorized medical professionals the right to administer necessary emergency treatment to my child.

Should photos or video be taken, I give my permission for the use of the image and/or likeness of my child in any promotional or other marketing activities relating to the event/activity or our parish Youth Ministry program without compensation to me or my child.

* If you do not want your child's image and/or likeness to be used to promote parish youth ministry events, contact the parish office to receive a version of this form that does not include the previous clause; however, some events/ activities may require this clause.

I affirm that I have read and understood and agree with the above statements, and show my affirmation and consent by my signature affixed below.

Signature of Parent or Guardian

Date

*** My child has read the "Trip Expectations" handout and understands his/her expectations.**

Please initial _____

**** Please Circle "1" location for your child for departure AND return. Loretto / Hamel**

****Please turn in this form and \$40.00 (make checks out to Church of Ss. Peter & Paul) to Ryan Heim at the Ss. Peter & Paul Parish Office, Attn: Ryan Heim, by Monday, Oct. 12, 2015.**

Address: Ss. Peter & Paul - Attn: Ryan Heim – PO Box 96 - Loretto, MN 55357