

PARENTAL PERMISSION / LIABILITY RELEASE / CONSENT TO TREAT*(Please print clearly)*

Student Name: _____ Gender: _____ School: _____

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 **Rosary Vigil in front of Robbinsdale abortion clinic in Robbinsdale, MN** with the Parish Cluster Youth Program on **Saturdays: March 9, 16, 23, 30, April 6, 13, 20, & May 4, 2019**, beginning with Mass and breakfast at a Parish Cluster Church (St. Anne's in Hamel, Ss. Peter & Paul in Loretto, or St. Thomas the Apostle in Corcoran) at 8:00am; Rosary at 10:00am; and returning to the Parish Cluster Church at 11:00am, I 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, Ss. Peter & Paul Catholic Church, the City of Loretto, MN, St. Thomas the Apostle Catholic Church, the City of Corcoran, MN, St. Anne's Catholic Church, the City of Hamel, 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 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

*Please send this completed form with your child to the morning of the event.
Address: St. Thomas the Apostle ♦ 20000 Co Rd 10 ♦ Corcoran, MN 55340