

(to be completed by parent/guardian)

THE UNDERSIGNED, being the parents or legal guardians ("Parents") of \_\_\_\_\_ ("Child"), on behalf of ourselves and our Child, intending to be legally bound hereby, hereby agree with our St. Marks and Our Lady of Mercy Churches and the Diocese of Erie, their agents and volunteers (collectively "Church") as follows:

I. Permission. We hereby grant permission for our Child to participate in the following:

Event: Cedar Point

Dates: June 12<sup>th</sup> (permission slip due May 13<sup>th</sup>) Cost \$73.00

Location: St. Mark's Church leave 7:00AM

2. Release, Waiver and Indemnity. In consideration of our Child being allowed to participate in the above-mentioned event, we hereby release church from any and all claims of ourselves, our Child, or his or her heirs or personal representatives for loss of life, personal injury or damage to property sustained by our Child resulting from any accidents, occurrence, or condition, as a result of, or in any way related to our Child's participation in the above-mentioned event. We will defend and hold harmless the Church, its agents, employees, and volunteers and indemnify and safe then harmless from and against any and all claims, actions, damages, liability and expense (including attorney's fees) in connection with any such injury or damage.

3. Medical Authorization. In the event of injury or illness to our Child during his or her participation in the said event, we hereby give our permission to Church and the adult(s) supervising the said event to consent to any necessary medical treatment to be given to our child, including hospital admission, surgical procedures, and the administration of drugs. We specifically agree that the waiver and indemnification set forth in the preceding paragraph shall apply with equal force to any action taken by Church or its representatives in furtherance of this medical authorization. Further, we agree that in the case of any such injury to our Child, we will submit and look to our own hospital and/or accident insurance for payment of any and all expenses incurred in such medical treatment.

4. Medical Information.

Family Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Insurance Co. \_\_\_\_\_

Policy No. (Individual) \_\_\_\_\_ (group) \_\_\_\_\_

Please list any health information that might be needed by the Religious Education/Youth Ministry staff or health emergency personnel: (allergies, chronic conditions, recent or current injuries or illness)

Current prescription medication: \_\_\_\_\_

**CODE OF BEHAVIOR**

Participation in the above event is a privilege and not a right. Each youth must follow all rules throughout the entire event. The behavior of all (youth and adults) must reflect Christian values. Drugs/Alcohol are not permitted. The Parish Staff and supervising adults reserve the right to ask any participant to leave at the participant's own expense. I/We have read and agree to uphold the above "Code of Behavior".

Youth Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Date: \_\_\_\_\_