

Liability Release Form

In consideration for being accepted by St. Rose Church for participation in St. Rose Youth Group activities, I/we, being 21 years of age or older, do for myself/ourselves and for and on behalf of my child-participant if said child is not 21 years of age or older, do hereby release, forever discharge and agree to hold harmless St. Rose Church and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in any St. Rose trip or activity.

Furthermore, I/we and on behalf of my/our child-participant if under the age of 21 years, hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

I/we understand that my child-participant may be photographed, unidentified in group situations; and I/we hereby grant permission for my child-participant to be photographed and identified for releases to *The Criterion* and /or Archdiocesan website and /or other promotions.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of negligent, willful or intentional acts of said participant, including expenses incurred attendant hereto.

If the participant has not attained the age of 21 years:

I/we the parent(s) or legal guardian(s) of this participant, and hereby grant my/our permission for him/her to participate fully in St. Rose trips, and hereby give my/our permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I/we hereby assume all transportation costs.

Print name of participant

Parent(s) home phone/cell phone

Hospital Insurance YES NO
Insurance Company _____

Policy Number _____

Physician _____
Physician Phone _____

Emergency Contact/Phone

(Only participant need sign if 21 years of age or older. If under 21, both parents must sign unless parents are separated or divorced in which case the custodial parent must sign.)

Participant signature, if age 21 Date

Father signature Date

Mother signature Date

Legal guardian Date

Trip Participant Only: I have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the directions of the leadership of the trip.

Participant signature _____