

RETREAT FORM

Student's Name _____

Student's Cell # _____

Student's Grade _____ T-Shirt Size _____ Male/Female _____

Parent's Name _____

Parent's Cell # _____

Parent's E-mail _____

Emergency Contact Information

If unable to reach parent _____

List allergies, or any medical conditions _____

____ (INITIAL) To the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of an emergency, I give my permission to transport my child to a hospital for emergency treatment, I wish to be advised prior to any further treatment by the hospital or doctor.

PARENT CONSENT AND RELEASE OF LIABILITY FORM

As parent/legal guardian, I remain legally responsible for any personal action taken by my son/daughter named above. I agree on behalf of myself, my son/daughter named herein, our heirs, successors, and assigns to hold harmless, Holy Spirit Catholic Church, the Diocese of Lubbock, their officers, directors, and agents from any liability for illness, injury or death arising from or in connection with my son's/ daughter's attending the above-named event. I agree to compensate the above named parish, Diocese, their officers, directors and agents, and/or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

I/We likewise release from liability any person(s), airline, bus company, or other transportation service, transporting my child, in a privately owned and/or leased vehicle, to and from any activities connected with the above named event(s) with the exception of gross negligence due either fully, or in part, to mechanical failure and/or operator error.

Additionally, I/We give permission for my/our son/daughter/guardianship to be photographed during activities associated with the above mentioned event. I/We understand that said photos/videos may be used for future publicity within the parish, Diocese, and or Catholic Church.

Parent or Guardian's Signature

Date