

PARENT/GUARDIAN RELEASE OF LIABILITY
Holy Ghost Church/St. Elizabeth Church

As a parent or guardian of (please print youth name) _____, I request that my daughter/son/ward participate in the following trip or activity _____.
(name activity)

In the event of any medical or other emergency, I give and grant permission to any licensed physician, dentist, hospital or emergency service chosen by the coordinators of this event, and/or his or her representatives, to secure medical care and treatment, including but not limited to any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment for the person named above. I also expressly release the coordinator(s) and/or her or his representatives, the (parish name) and the Catholic Diocese of Tulsa from all responsibilities for any liability arising out of an accident or illness which may be sustained by my daughter/son/ward while in their care. In case of an emergency and parents/guardians cannot be reached, an ambulance or emergency personnel will be notified. Payment for medical emergencies is the responsibility of the parent/guardian. I understand that reasonable efforts will be made to contact me in the event that something happens to my daughter/son/ward which requires my immediate attention; but if the coordinator and her/his representatives are unable or unsuccessful in contact me I hereby expressly grant them any medical or legal authority which I might otherwise possess if I were present during such an emergency or urgent situation. On behalf of myself, my heirs, assigns, executors and personal representatives, I hereby release, hold harmless and discharge forever the (name of parish), the coordinator(s) of this event, and/or her or his representatives, the Catholic Diocese of Tulsa, employees, sponsors, chaperons, and affiliates from any and all liability, claim, loss, damage, cost or expense and I waive any such claims against any person, persons or organization arising directly or indirectly from or in any way attributable in any legal way to any action or omission of action of any such person or organization in connection with the organization and undertaking of the above activity.

Signature of Parent or Guardian _____ Date _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

In case of emergency notify: _____

Home Phone _____ Work Phone _____

Insurance Carrier _____ Policy Number _____

Daughter/Son/Ward Social Security Number _____ Age of Child _____

Physician _____ Physician's Phone Number _____

Preferred Hospital _____

Please list any medical or other conditions that anyone should be aware of in the event of a medical or other emergency: _____