

2015 Middle School Retreat PARENTAL EVENT NOTIFICATION FORM MEDICAL INFORMATION RELEASE, & LIABILITY WAIVER

We, the parent or guardian of \_\_\_\_\_ permit our son/daughter to attend  
What: Middle School Retreat-Lafayette Denary with NET Ministries Cost: \$30 includes meals & T-shirt!  
When: Saturday and Sunday, November 14-15, 2015  
Where: 1916 Meharry Street Lafayette, IN 47904

We, as parents/guardians of the undersigned minor(s), hereby consent and agree to hold harmless, St. Lawrence and /or the Roman Catholic Diocese of Lafayette-in-Indiana, Inc., and any and all employees or volunteers thereof, for any accident, injury or occurrence arising out of, or in connection with activity and our child's event arranged transportation necessary to participate in the aforementioned activity. We understand that our child may be assigned to ride with a licensed adult driver, driving a privately owned automobile, school bus, or charter bus, and that this assignment will be made by the aforementioned staff member.

The undersigned further agrees to hold harmless St. Lawrence and its respective members, directors, employees, and agents from and against any and all claims, demands, actions, lawsuits, and liabilities, including attorney fees and expenses sustained by the indemnities as the result of negligent, willful, or intentional acts of the undersigned and/or participant.

I give my permission for my son/daughter, in case of an emergency, to be taken to a physician or hospital by either a parent or adult in charge or by parish personnel. I understand that every effort will be made to contact me. If I cannot be reached, I hereby give permission to the physician selected by the parish member in charge or adult chaperone to secure proper treatment for my son/daughter.

I hereby give my permission to St. Lawrence Parish, and the Diocese of Lafayette-in-Indiana to utilize the participants image, likeness, actions and statements in any live or recorded audio, video, or photographic display or other transmission or reproduction, in whole or in part, of the activity.

Parish Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**REQUIRED INFORMATION PLEASE PRINT LEGIBLY Parent(s)/Guardian(s)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Emergency Contact Name (Other than parent/guardian) \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Accident/Hospitalization Policy: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Current Allergies: \_\_\_\_\_

Current Medical Conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

PERMISSION TO GIVE: *Tylenol*: Yes No *Ibuprofen*: Yes No *Aspirin*: Yes No

Please circle T - Shirt Size: Adult Small Adult Medium Adult Large Adult XL Adult XXL

Please make CHECKS payable to: St. Lawrence Church (cost is \$40) Permission form due November 2. For more information or if you are interested in chaperoning, please contact 765-423-2396. Adult chaperones must have went through Safe Protocol to chaperone. No retreat cost for chaperones except if you would like a t-shirt then the cost is \$10.

FOR OFFICE USE ONLY: Date: \_\_\_\_\_ Check or Cash amount: \_\_\_\_\_ Balance Due: \_\_\_\_\_