

Saint Hedwig Catholic Church

Diocese of Orange

Permission and Medical Release Form

Event: Confirmation 2 Retreat
Location: Irvine Ranch Retreat Center
2 Irvine Park Rd, Orange, CA 92869
Date and Time: February 22, 2019 at 5:00PM – February 24, 2019 at 3:00PM

Participant's Name: _____ Birth Date: _____

T-Shirt Size: _____

Address: _____

Mother's Name: _____

Mother's Cell Phone: _____ Home Phone: _____

Father's Name: _____

Father's Cell Phone: _____ Home Phone: _____

Medical Insurance _____ Policy # _____

Allergies, medications or any other medical concerns/special needs to be aware of:

Emergency contact (other than Parent):

Name _____ Phone (____) _____

I, the parent/guardian of the above named minor, hereby give my permission for his/her participation in the above named event. I agree to direct my son/daughter to cooperate with and follow instructions of parish or diocesan personnel responsible for this event.

As a condition of my son/daughter being allowed to participate, I hereby release and discharge the Diocese of Orange, its constituent organizations, their employees and volunteers from any and all claims for personal injuries or property damage that he/she may suffer as a result of his/her participation in the activity/event described above.

If intentional property damage occurs at the facility used for the event listed, caused by my son/daughter's participation, above and beyond normal wear and tear, I understand I will be held responsible for costs incurred to remedy said damages.

I hereby authorize the making of photographs, videotapes, recordings, or other memorializing of said event and my son/daughter's participation therein, and the publication and duplication or other use thereof. I hereby waive any right to compensation or any right that I otherwise might have to limit or control such making or use.

I hereby give permission to the physician, nurse, dentist or licensed care staff selected by the supervisory personnel then present to render medical, dental, or other appropriate treatment deemed necessary if I cannot be contacted.

Print Parent/Guardian's Name **Parent/Guardian's Signature** **Date**