

EVENT RELEASE FOR MINOR

Minor Participant Event Release Form

Please fill out this form for anyone who is age 18 (still in high school) and under.

PARISH/SCHOOL: _____ **CITY:** _____

CONTACT INFORMATION

PARTICIPANT: _____ **DATE OF BIRTH:** _____

<input type="checkbox"/> MALE
<input type="checkbox"/> FEMALE

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

MOBILE PHONE: _____ **HOME PHONE:** _____

I, the parent/guardian named above, grant permission for my child "PARTICIPANT", to participate in the activity named below, this activity will take place under the guidance and direction of parish/school employees and/or volunteers. I understand and have read the activity details below:

EVENT: _____

EVENT DATE: _____ **EVENT TIME:** _____

EVENT LOCATION: _____

ESTIMATED DATE/TIME OF DEPARTURE: _____

ESTIMATED DATE/TIME OF RETURN: _____

INDIVIDUAL IN CHARGE: _____

MODE OF TRANSPORTATION TO AND FROM EVENT: _____

PARENTAL/GUARDIAN CONSENT AND LIABILITY FOR MINORS

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named PARTICIPANT.

I agree on behalf of myself, my child "PARTICIPANT", or our heirs, successors, and assigns, to hold harmless and defend the above "PARISH/SCHOOL", its officers, directors, employees, chaperones, and agents, and the Diocese of La Crosse, its officers, directors, employees, chaperones, and agents from any claim arising from or in connection with PARTICIPANT attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and agree to compensate the PARISH/SCHOOL, its officers, directors, employees, chaperones, and agents and the Diocese of La Crosse, its officers, directors, employees, chaperones, and agents associated with the PARTICIPANTS attendance, enrollment or participation on the program, school, activity or event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, whether such claim arises from the alleged negligence of the PARISH/SCHOOL, its officers, directors, employees, chaperones, and agents, and the Diocese of La Crosse, its officers, directors, employees, chaperones, and agents negligence. If any portion of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

I acknowledge that I have previously completed the "COMPREHENSIVE RELEASE & MEDICAL FORM FOR MINOR" providing medical information, permissions, authorizations, and releases pertaining to PARTICIPANT. Subject to any changes above, I hereby reaffirm any and all such disclosures, permissions, authorizations and releases as though stated herein.

SIGNATURE: _____ **DATE:** _____