

**SAINT PATRICK'S**  
19399 E. Highway 120  
Ripon, CA 95366-9820  
Office: 209-838-2133 Fax: 209-838-1077

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**Release and Consent Form**

Parent/Guardian

I, \_\_\_\_\_ the undersigned, give my permission for my  
(Parent \_\_ Legal Guardian \_\_)

son/daughter, \_\_\_\_\_, to attend the **Confirmation Retreat**  
(Please Print Full Name) (Write Activity, Retreat, Trip, etc.)

to be held on \_\_\_\_\_ Date TBA  
(Date/Dates)

at \_\_\_\_\_ **St. Patrick's Church, 19399 E. Hwy 120, Ripon, California**  
(Location of Event)

Furthermore, I (we) [and on behalf of my (our) child-participant] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

The undersigned further hereby agree to hold harmless and indemnify Saint Patrick's Church, its clergy, employees and agents, for any liability sustained by said church as the result of the negligent willful or intentional acts of said participant, including expenses incurred attendant thereto.

I (we) am (are) the parent(s) or legal guardian(s) of this participant, and hereby give my (our) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I (we) hereby assume all transportation costs. Every effort will be taken to contact you, the undersigned, and listed agents, before any treatment is administered.

Hospital insurance \_\_\_ yes \_\_\_ no

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Physician & Phone Number \_\_\_\_\_

Emergency Contacts: \_\_\_\_\_

Parents' Phone Number \_\_\_\_\_

\_\_\_\_\_  
(Father/Mother/Guardian Signature)