

SAINT PATRICK'S

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Release and Consent Form

(Parent/Guardian) I, _____ the undersigned, give my permission for my son/daughter,
(Parent ___ Legal Guardian ___)

_____, to attend the:

(Please Print Full Name of child)

Confirmation Retreat to be held on Saturday, April 20, 2024 from 9:00AM-10:00PM
(Activity, Retreat, Trip, etc.) (Date/Time)

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 (Name and Phone #): _____

Parents' Phone Number: _____

(Father/Mother/Guardian Signature)

(Date/Fecha)