

Our Lady Queen of Peace Youth Group
Participation Consent and Release Form
Blank Form- Fill in Event Info and Bring with you to Event

I/We, the parent(s) or guardian(s) of _____ (name of minor),
do hereby grant permission for our child to participate in the following program:

Event Name _____

Time of Event _____

Cost (if any) _____

By my/our signature(s), we hereby fully release, absolve, indemnify and hold harmless Our Lady Queen of Peace Parish, staff, any and all supervisors, organizers, or sponsors of, from any and all liability for any injury, medical fees, hospital bills, or doctor bills of my aforesaid child. I/We waive all claims of any kind against any or all of the organizations or persons hereinabove enumerated, including any and all claims against any person or persons transporting my/our child to or from any activities hereinabove named.

I/We hereby give our consent, in the event reasonable attempts to contact me/us have been unsuccessful, for any medical care to be rendered to said minor under the general or specific supervision, and on the advice, of, a licensed physician or other qualified medical person acting under their supervision for any illness or injury arising during their participation in the within activities.

I fully understand what is involved in this event and also understand that I have the opportunity to call Jeny Filipiak @ 440-225-1971 with any questions or concerns.

Parent/Guardian's Signature _____

Home Phone: _____ Cell Phone: _____

Other Emergency Contact & Phone: _____

Please return completed on day of event: Jeny Filipiak