

(Parish Name)
Permission and Release Slip for Teen Group for Youth with Disabilities Activities

_____ has my permission to participate in any and all Teen Group for youth with disabilities events and activities of the (parish name) (hereinafter [parish name]) for the **2007-2008** school year (9/1/2007-8/31/2008).

1. Participation in church events offers many benefits, but I also acknowledge that participation in church-sponsored events involves certain risks and hazards of injury and/or property damage, and may result in my child being unable to contact me or to receive immediate medical care and assistance if injury occurs. I request that in the event that my child needs medical attention, efforts be made to contact me at the telephone number(s) listed below. However, in the event that efforts to contact me are unsuccessful, I give full authorization to (parish name), its trustees, officers, board members, supervisors, agents and/or employees and volunteers to consent to medical treatment for my child, identified above, in my absence, as they determine in their judgment is necessary and in the best interest of my child's health and safety, and assume the responsibility of all medical bills, if any.
2. I agree to indemnify/compensate the parish (parish name), its trustees, officers, board members, supervisors, agents and/or employees and volunteers, for any and all damage or injury that my child may cause to result in damage or injury to himself/herself and others as a result of his/her participation in church-sponsored events. I release and waive any liabilities against (parish name), its trustees, officers, board members, supervisors, agents and/or employees and volunteers, for any and all damage or injury that my child may cause to result in damage or injury to himself and others as a result of his/her participation in church-sponsored events.
3. I agree if my child is not behaving in a manner consistent with the church's regulations on good conduct, is not following event rules or is being disrespectful to adults in charge of the event, that my child may be excluded from participation in any or all church events.
4. I acknowledge that these activities and events may include but are not limited to activities both on and off church property, during day or evening hours, requiring transportation by motorized vehicles and occasionally involving overnight stays.

Youth Group Participant Parent or Legal Guardian

Name: _____	Name: _____
Birth Date: _____	Address: _____
Grade: _____	_____
School: _____	Home Phone: _____
Religious Ed. (Y or N): _____	Business: _____
Phone: _____	E-mail Address: _____

Signed this _____ day of _____, 200_

(Name)
