

**ST. THERESE CHURCH - SUCCASUNNA, NJ**  
**HEALTH INFORMATION / RELEASE OF LIABILITY / CONSENT TO TREAT**

I/we request that my/our son/daughter attend the Appalachia mission trip under the auspices of Saint Therese Church to be held at GOOD NEIGHBORS, Paintsville, Kentucky from July 15, 2019 to July 20, 2019. I/we have read the foregoing Health Information/Release of Liability/Consent to Treat Form and the answers are all correct. I/we can be reached at the telephone numbers referred to above but if emergency medical care or treatment shall be necessary and if I/we cannot be contacted, I/we authorize the delegated agents of Saint Therese Church, to act on my/our behalf and approve appropriate treatment.

Release of Liability: In consideration of Saint Therese Church accepting my/our son's/daughter's registration for this event, I/we release, hold harmless and discharge Saint Therese Church its officers, Trustees, employees, agents and affiliates, as well as the Roman Catholic Diocese of Patterson and Bishop Arthur J. Serratelli, S.T.D., S.S.L., D.D. and/or his successor, as well as any and all agents and/or employees of the Roman Catholic Diocese of Paterson from any and against all liability, claim, loss, damage, cost or expense including counsel fees remitting from any and all claims for bodily injury and/or property damage and I/we further waive any such claims against any such person or organization arising directly or indirectly from or attributable to any action or omission to act of any such person or organization in connection with this event and I/we further agree to indemnify and hold harmless the parish and its aforesaid affiliated personnel from any such liability, claim, loss, damage, cost or expense as already set forth.

**Signature/Date:** \_\_\_\_\_  
**(Parent or guardian-indicate which and if guardian, give details)**

**Witness:** \_\_\_\_\_

**Witness Address:** \_\_\_\_\_

**Applicant's signature if 18 years of age or over:** \_\_\_\_\_