

## **Sacred Heart Parish, Pullman Medical Release:**

I shall be liable for and agree to pay all costs and expenses incurred in connection with any medical or dental treatment rendered pursuant to this authorization. Further, should it be necessary for our (my) child to return home due to medical reasons, disciplinary action or otherwise, we (I) agree to pay transportation costs.

Finally, in consideration for our (my) child's participation in this event, we (I) release, discharge and agree to hold harmless the Catholic Bishop of Spokane, his agents and employees from any and all liability, claim or demands for personal injury, illness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by us and/or our (my) child while our (my) child is participating in the event (including transportation to and from the event), hereby assuming all risk of personal injury, illness, death, damage and expense as a result of participation in this event.