

**Diocese of Metuchen Year of Spiritual Awakening 9-mile Walking Pilgrimage
Parental Release Form – September 21, 2019**

Minor’s Name _____ Age _____

Home Parish _____ City _____

Day/Date of Event: Saturday, September 21, 2019

Home Phone _____ Parent e-mail _____ Parent cell _____

Emergency Contact (phone if different from above) _____

Group/Chaperone who will accompany minor: _____

Chaperone Phone _____

I hereby request as parent or legal guardian of _____ that he/she may participate in the above event, on Sept. 21, 2019 and agree that in consideration of our child being permitted to join in said trip, we will hold harmless and indemnify the Diocese of Metuchen, Immaculate Conception Parish, Annandale, and their agents and employees against any and all claims for injury to our child involving said trip, including legal fees incurred in defense of such claims. I am aware that the Diocese of Metuchen is relying upon this agreement by us in permitting our child to join in said event. I understand this agreement and that I have a right to consult an attorney if I have any questions. I understand all things in conjunction with the possible cancellation of the above event. I also understand that by signing I authorize the adult chaperone to act ‘as a parent’ in all medical situations that may arise.

I understand that voluntarily traveling to and attending an event of this nature may involve certain risks beyond the reasonable control of the Diocese, its officers, directors, volunteers and agents in connection with this trip and all parishes/schools within it, and their respective officers, directors, volunteers and agents, and chaperones or representations associated with the trip (hereinafter referred to as Diocese et al). Such risks include, but are not limited to, accidents, emergencies, exposure to reckless conduct of other persons, and/or negligence of security and medical personnel. The Diocese et al. hereby disclaims any and all liability and responsibility for any such risks. I understand that my child will be at various sites, such as parks. If during any break in the trip, there may be an opportunity to participate in recreational or other activities, participants do so at their own risk and subject to all terms and conditions set by any recreational or other provider.

Parent/Guardian signature (circle: mother father guardian) Date: _____

To be read and signed by the minor:

I hereby consent to participate on the 9-mile Walking Pilgrimage on Sept. 21, 2019 and am fully aware of the rules and regulations concerning the event. I agree to abide by all the rules and regulations and to represent _____ (parish’s name) in the best of terms.

Student Signature _____ Date: _____

Signature of Chaperone _____ Date _____

Statement of Health: I hereby warrant that, to the best of my knowledge, I am in good health and able to participate in the 9-mile Walking Pilgrimage. (Please submit a statement indicating limitations of which we should be aware).

Insurance Information:

Family Health Insurance Company _____ Policy Number _____

Date of most recent physical examination _____

Physician/Clinic Address _____ Phone _____

Immunization: Please provide date of latest tetanus immunization _____

Medications: Any medications brought to the program should be clearly labeled and in their original container. Please list any prescription or approved non-prescription drugs that you are presently taking. Include product name and physician's instructions on dosage and frequency.

- _____
- _____
- _____

Allergies: (Please attach a statement noting all known allergies. Include how you have been treated and with what medication. If medications are needed occasionally or regularly, please bring them with you).

***** Special diets cannot be accommodated*****

Operations or serious injuries (within the past 18 months) _____ Date _____

Medical Emergency: In case of medical emergency where I become incapacitated, I understand that a reasonable effort will be made to contact my emergency contacts. In the event that they cannot be reached, I hereby give permission to the physician selected by diocesan personnel or parish adult leader to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery. _____ (please initial)

Youth Code of Conduct: I agree to abide by all rules and regulations as outlined in the Youth Participant Code of Conduct. I understand that if I have not heretofore seen the Code, it is my duty to seek a copy of the Code and to have reviewed it prior to signing this waiver. I agree that if I fail to abide in any way to the Code, that I may be dismissed from the trip with no right of reimbursement or refund for any amount in connection therewith from the Diocese et. al.

I fully understand the consequence of and sign this Liability Waiver and Health Form knowingly, freely, and willingly.

Signature of Youth Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____

**MAIL TO: The Office of Evangelization
The Diocese of Metuchen
P.O. Box 191
Metuchen, NJ 08840**