

PARENT/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

St. Jerome's Catholic Church
Teen Acts Retreat

Participant's Name: _____
Nick-Name: _____ Age: _____ Birth Date: _____
Sex: M / F Grade: _____ Expected Graduation Year: _____
School: _____ Adult T-Shirt Size: S / M / L / XL / XXL
Parish: _____ Email: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: (____) _____ Teenager's Cell: (____) _____
Has Teen attended an ACTS Retreat before? _____ If yes, with what church? _____

Parent/Guardians Name: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: (____) _____ Parent Cell: (____) _____

To Be Completed By Sponsor:

- **TYPE OF EVENT: ST. JEROME CATHOLIC CHURCH – TEEN ACTS RETREAT**
- **PARISH: ST. JEROME CATHOLIC CHURCH, 7955 Real Rd, San Antonio, TX 78263**
- **DATE OF EVENT: March 14-17, 2019**
- **COST: \$100.00**
- **DESTINATION OF THE EVENT: Rocky River Ranch, 100 Flite Acres Rd, Wimberley, Texas 78676**
- **CONTACT PERSONS:**
Jessica Lubianski (210) 400-5683 | Dustin Lubianski (210) 380-0528 | Kaitlin Howton (210) 216-1112
- **ESTIMATED TIME OF DEPARTURE:**
RETREATANT – 5:15 PM from St. Jerome Catholic Church on
March 14, 2019
- **ESTIMATED TIME OF RETURN: TEAM & RETREATANTS 11:00 AM Mass to St. Jerome Catholic Church on March 17, 2019**
- **MODE OF TRANSPORTATION:**
RETREATANT – DEPARTURE: CHARTER BUS
RETREATANT – RETURN: CHARTER BUS
- **ACTIVITIES: Interaction with youth and adults concerning religious, spiritual, moral and social issues; prayer and scripture sharing, physical games, and exercises, hiking and water activities. Water Activities will be done in a swimming pool or river located at the ranch.**

In consideration for Participant, a minor child, being permitted by Sponsor to participate in the Activity, which includes transportation to and from the Activity, I, being the undersigned and the parent/legal guardian of Participant, hereby acknowledge, consent, and agree as follows:

1. Consent to Participate and to Transportation. I hereby consent to Participant's participation in the Activity. I further consent to the transportation of Participant to and from the Activity by means of the method of transportation designated above.

2. Knowledge of Risks. I acknowledge and agree that I have been advised by Sponsor and that I understand that participation by Participant in the Activity and the transportation of Participant to and from the Activity may involve serious risks, including, without limitation, death, bodily injury, damage to personal property, and dangers resulting from injury or accident. Knowing the risks, dangers, and hazards involved in Participant's participation in and transportation to the Activity, I nevertheless voluntarily consent and agree to Participant's participation in and transportation to the Activity. **I, INDIVIDUALLY AND IN MY CAPACITY AS THE PARENT/LEGAL GUARDIAN OF PARTICIPANT, HEREBY EXPRESSLY AND SPECIFICALLY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL RISKS OF DEATH OR BODILY INJURY TO PARTICIPANT OR DAMAGE TO PARTICIPANT'S PERSONAL PROPERTY RESULTING FROM OR ARISING OUT OF (I) PARTICIPANT'S PARTICIPATION IN THE ACTIVITY, OR (II) SPONSOR'S TRANSPORTATION OF PARTICIPANT TO THE ACTIVITY, WHETHER CAUSED BY OR CONTRIBUTED BY THE NEGLIGENCE OF THE SPONSOR, THE ARCHDIOCESE OF SAN ANTONIO (THE "ARCHDIOCESE"), OR ANY OF THEIR RESPECTIVE AFFILIATES, DIRECTORS, OFFICERS, AGENTS, EMPLOYEES, VOLUNTEERS, SUCCESSORS AND ASSIGNS (COLLECTIVELY, THE "CHURCH PARTIES") OR OTHERWISE.** (Initials) _____

3. **RELEASE AND WAIVER. I, INDIVIDUALLY AND IN MY CAPACITY AS THE PARENT/LEGAL GUARDIAN OF PARTICIPANT, HEREBY, RELEASE, WAIVE, AND FOREVER DISCHARGE THE CHURCH PARTIES FROM ANY AND ALL LIABILITY, CLAIMS, LOSSES, JUDGMENTS, DAMAGES, COSTS, EXPENSES, AND DEMANDS OF ANY KIND OR NATURE WHATSOEVER, EITHER IN LAW OR IN EQUITY, RESULTING OR ARISING FROM PARTICIPANT'S PARTICIPATION IN OR SPONSOR'S TRANSPORTATION OF PARTICIPANT TO THE ACTIVITY. I, INDIVIDUALLY AND IN MY CAPACITY AS THE PARENT/LEGAL GUARDIAN OF PARTICIPANT, HEREBY EXPRESSLY ACKNOWLEDGE AND AGREE THAT (I) THIS RELEASE DISCHARGES ALL OF THE CHURCH PARTIES FROM ANY AND ALL LIABILITY THAT PARTICIPANT AND I, INDIVIDUALLY AND IN MY CAPACITY AS THE PARENT/LEGAL GUARDIAN OF PARTICIPANT, MAY HAVE AGAINST THE CHURCH PARTIES WITH RESPECT TO THE DEATH OR BODILY INJURY TO PARTICIPANT OR DAMAGE TO PARTICIPANT'S PERSONAL PROPERTY THAT MAY RESULT FROM (I) PARTICIPANT'S PARTICIPATION IN THE ACTIVITY, OR (II) SPONSOR'S TRANSPORTATION OF PARTICIPANT TO THE ACTIVITY; AND (II) THIS RELEASE EXTENDS TO ALL ACTS OF NEGLIGENCE, WHETHER CAUSED BY OR CONTRIBUTED BY ANY OF THE CHURCH PARTIES OR OTHERWISE.** (Initials) _____

4. **INDEMNITY. I, INDIVIDUALLY AND IN MY CAPACITY AS PARENT/LEGAL GUARDIAN OF PARTICIPANT, UNCONDITIONALLY AGREE TO INDEMNIFY, DEFEND, AND HOLD HARMLESS THE CHURCH PARTIES FROM ANY AND ALL LIABILITY, CLAIMS, LOSSES, JUDGMENTS, DAMAGES, DEMANDS, COSTS AND EXPENSES OF ANY KIND OR NATURE WHATSOEVER, EITHER IN LAW OR IN EQUITY, (INCLUDING, WITHOUT LIMITATION, COURT COSTS AND ATTORNEY'S FEES) INCURRED BY ANY OF THE CHURCH PARTIES RESULTING OR ARISING FROM (I) PARTICIPANT'S PARTICIPATION IN THE ACTIVITY, OR (II) SPONSOR'S TRANSPORTATION OF PARTICIPANT TO THE ACTIVITY, INCLUDING, WITHOUT LIMITATION, THE DEATH OR BODILY INJURY TO PARTICIPANT OR DAMAGE TO PARTICIPANT'S PERSONAL PROPERTY THAT MAY RESULT FROM (I) PARTICIPANT'S PARTICIPATION IN THE ACTIVITY, OR (II) SPONSOR'S TRANSPORTATION OF PARTICIPANT TO THE ACTIVITY, WHETHER CAUSED BY OR CONTRIBUTED BY THE NEGLIGENCE OF ANY OF THE CHURCH PARTIES OR OTHERWISE.** (Initials) _____

5. Medical Authorization. In the event of any injury or illness of Participant during the Activity, I hereby authorize and consent to the transportation of Participant to the nearest medical or dental facility, and, should the need arise, I hereby further authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis and treatment in the discretion of the attending physician or dentist. I understand that I am giving this authorization in advance of any specific diagnosis, treatment or hospital care being required and I am providing this authorization to give authority and power to render any care which the medical provider and/or dental provider deems advisable. None of the foregoing medical or dental treatments shall be withheld if I cannot be reached prior to the administration of such medical and/or dental treatments. I hereby agree that I shall be solely responsible for the payment of any and all costs for such medical and/or dental treatment of Participant, and in no event shall any of the Church Parties be required to pay for any such costs or expenses. **I, INDIVIDUALLY AND IN MY CAPACITY AS THE PARENT/LEGAL GUARDIAN OF PARTICIPANT, HEREBY, RELEASE, WAIVE, AND FOREVER DISCHARGE THE CHURCH PARTIES FROM ANY**

AND ALL LIABILITY, CLAIMS, LOSSES, JUDGMENTS, DAMAGES, COSTS, EXPENSES, AND DEMANDS OF ANY KIND OR NATURE WHATSOEVER, EITHER IN LAW OR IN EQUITY, RESULTING OR ARISING FROM ANY SUCH MEDICAL OR DENTAL TREATMENT RENDERED TO PARTICIPANT. (Initials) _____

6. Photo/Video Consent and Release. I hereby authorize Sponsor and the Archdiocese to take photographs, recordings, and/or videos (whether electronic, digital, or otherwise) of Participant in connection with the Activity, and I hereby consent to the use, reproduction, and publication of such images by Sponsor and the Archdiocese in connection with the promotion and publicity of the activities of Sponsor and the Archdiocese, including, without limitation, publication of such images on Sponsor’s website. I, individually and in my capacity as parent/legal guardian of Participant, hereby waive any right to inspect or approve the actual use by Sponsor or the Archdiocese of any such image of Participant. Such images of Participant shall be the sole property of Sponsor, and I, individually and in my capacity as parent/legal guardian of Participant, acknowledge and agree that neither I nor Participant shall be entitled to any compensation whatsoever should any such images of Participant be used by Sponsor or the Archdiocese. (Initials) _____

7. COVENANT NOT TO SUE. I HEREBY ACKNOWLEDGE AND AGREE THAT I, INDIVIDUALLY OR IN MY CAPACITY AS PARENT/LEGAL GUARDIAN OF PARTICIPANT, WILL NOT INSTITUTE ANY SUIT OR ACTION AT LAW, OR OTHERWISE, AGAINST ANY OF THE CHURCH PARTIES OR INITIATE OR ASSIST IN THE PROSECUTION OF ANY CLAIM FOR DAMAGES, OR CAUSES OF ACTION, WHICH I, INDIVIDUALLY AND/OR IN MY CAPACITY AS PARENT/LEGAL GUARDIAN OF PARTICIPANT, MAY HAVE BY REASON OF INJURY OR DEATH TO PARTICIPANT OR DAMAGE TO PARTICIPANT’S PERSONAL PROPERTY RESULTING OR ARISING FROM PARTICIPANT’S PARTICIPATION IN THE ACTIVITY OR SPONSOR’S TRANSPORTATION OF PARTICIPANT TO THE ACTIVITY. (Initials) _____

8. Severability. If any term, covenant, or condition of this Parental/Guardian Permission, Release, and Waiver of Liability (the “Agreement”) is, to any extent, invalid, illegal, or unenforceable, I hereby agree that the remainder of this Agreement shall not be affected thereby, and shall, notwithstanding, remain binding, valid and enforceable to the fullest extent permitted by law.

I COVENANT, CERTIFY AND REPRESENT TO SPONSOR THAT I AM THE PARENT/LEGAL GUARDIAN OF PARTICIPANT AND THAT I HAVE FULL LEGAL AUTHORITY TO ENTER INTO THIS AGREEMENT ON BEHALF OF PARTICIPANT. I HAVE (I) FULLY READ THIS AGREEMENT, (II) FULLY UNDERSTAND ITS TERMS, AND (III) AGREE TO BE BOUND BY ALL OF THE TERMS AND CONDITIONS CONTAINED HEREIN. I UNDERSTAND THAT I, ON MY OWN BEHALF AND ON BEHALF OF PARTICIPANT, HAVE GIVEN UP SUBSTANTIAL LEGAL RIGHTS BY SIGNING THIS AGREEMENT. I, INDIVIDUALLY AND IN MY CAPACITY AS PARENT/LEGAL GUARDIAN OF PARTICIPANT, SIGNED THIS AGREEMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME BY ANY OF THE CHURCH PARTIES. I INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE BY

ME AND PARTICIPANT OF ALL LIABILITY AGAINST THE CHURCH PARTIES TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW.

Date: _____

Signature of Participant’s Parent/Legal Guardian

Printed Name of Participant’s Parent/Legal Guardian

MEDICAL INFORMATION AND EMERGENCY CONTACT FORM

PARTICIPANT NAME: _____

Health History-List any recent illnesses, injuries, any allergies, and/or hospitalizations relevant to a physician in case of an emergency (attach extra sheet if necessary) _____

Age _____ **Height** _____ **Weight** _____

Allergies: _____

If your child has food allergies or special nutritional needs, please complete **FOOD ALLERGY & SPECIAL DIETARY NEED form with your child's registration form.**

*All medications must be given to the Retreat Nurse upon check-in and/or team departure. Place them in a large Ziploc bag with your child's name and church name. Prescriptions must be in the original container with the participant's name and the current dosage. No medications will be given unless they are in original containers per Texas Department of State Health Services. If your child/youth requires an asthma inhaler or antidote for insect bite or allergies (prescribed by doctor) have them bring at least two (2) to retreat. The medication must be registered with Retreat Nurse. One (1) will be kept and closely guarded by the participant and one (1) given to the Retreat Nurse. Similar special cases must be discussed with Retreat Nurse. If the need arises, I give my permission for my child/youth to be inspected for head lice/eggs. I understand any such check would be conducted sensitively. I understand St. Jerome Catholic Church' Notice of Privacy Practices uses and disclose health information about my child/youth to the group leader, director, his designee, the child's sponsor and medical staff, when in its sole discretion, believes such communication to be in the best interest of my child for treatment, to obtain payment for treatment, administrative purposes and to evaluate the quality of care that he/she receives. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

I hereby authorize the St. Jerome Catholic Church, Retreat Nurse or Group Leadership to make emergency medical decisions for my child/youth and I understand that my insurance coverage will be primary coverage.

Insurance provider _____ **Policy #** _____
ID# _____

PLEASE PROVIDE A COPY OF YOUR INSURANCE CARD FRONT AND BACK

If parent cannot be reached in an emergency, please contact:

Name _____ **Phone #** _____ **Relationship** _____
Name _____ **Phone #** _____ **Relationship** _____

IMMUNIZATIONS:

Date of last Tetanus shot (if known) _____ | Allergic to a Tetanus booster? Y OR N | Immunizations up to date? Y OR N

Name of Medication	Dosage	Frequency/Times	Comments

Participant Pick up Policy: Remember that the continuity of the retreatant experience is used by the Holy Spirit to touch participants' hearts. Taking a retreatant out for even a brief period can reduce the spiritual effectiveness of camp. Please minimize absences. Written permission *must* be provided to the leadership team before a child will be allowed to leave with any person other than listed below.

Authorized Person's Name (please write legibly)	Relationship	Phone Number

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

Definitions:

“Retreat” means St. Jerome Catholic Church or St. Jerome Teen ACTS., a Texas nonprofit corporation, its Member Churches, Directors, Officers, Employees, Agents, Volunteers, or Associates. “Applicant” means campers and all participants in RETREAT activities, and the parent, legal guardian or conservator of any campers and all participants in RETREAT activities, **who verifies by this signature that he or she has the legal right to sign on behalf of the retreatant or participant less than 18 years of Age (Minor)**, and Applicant’s heirs, executors and administrators, successors and assigns, and members of Applicant’s family, including any minors accompanying Applicant.

“Risks and Dangers” include, but are not limited to, the negligence or intentional acts of other people, including other participants, drowning or other water injury, falls or injury from heights (ground to 50 feet), accident or illness in remote places without medical facilities, the forces of nature, and travel by air, boat, automobile, or other conveyance, elements of nature, including temperature extremes, inclement weather, poisonous plants, biting or stinging insects, animals, rough outdoor terrain, and possibly high altitude, including the possibility of asthmatic or allergic attack.

CONSIDERATION:

Applicant is a camper at RETREAT, or potential participant in RETREAT Activities. This agreement is made in consideration of RETREAT leaders allowing Applicant to participate in such activities: **All Applicants must sign this agreement before being allowed to participate in RETREAT activities.**

NOTICE:

Applicant acknowledges that these Activities involve inherent Risks and Dangers and that Applicant will be exposed to these Risks and Dangers. Applicant recognizes that these Risks and Dangers may cause personal injury or death, loss or damage to personal property, emotional distress, and psychological damage due to accidents or intentional acts, which may occur during these activities. Applicant understands that transportation for medical treatment may take an hour.

APPLICANT’S HEALTH:

Applicant certifies Applicant is completely physically, mentally, psychologically, and emotionally healthy, and capable of participating in all Activities, except for those listed below. Applicant has specified in detail any reasonable accommodation necessary for any disability that Applicant may have and has supplied equipment, medicine, or medical supplies that Applicant may need. Applicant understands that participation in this RETREAT program is entirely VOLUNTARY. Applicant is solely responsible for determining whether there is any reason that Applicant should not participate in any Activities, including possible contact with any substances that may cause asthma or allergic reactions.

RELEASE:

In consideration of, and as part payment for the right to participate in Activities and the services and food arranged by RETREAT, Applicant: (1) fully releases RETREAT from current or future liability from negligence, gross negligence, or intentional tort by any person, (2) assumes all Risks and Dangers, whether or not that risk is foreseeable, and (3) will indemnify and hold RETREAT harmless from any and all claims, liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, for personal injury, property damage or loss, psychological injury or emotional distress, or medical expenses

Of any kind and attorney’s fees and costs of court filed by Applicant, or by other parties against RETREAT, connected with Applicant’s program or participation in any activities at RETREAT or arranged by the RETREAT

Applicant hereby agrees that Applicant will not sue RETREAT for personal or property injury, and, if Applicant attempts to sue, Applicant will not collect any money. In addition, Applicant will indemnify

RETREAT for attorney's fees and costs of court fees associated with any litigation against RETREAT connected with Applicant's program or participation in any activities at RETREAT or arranged by the RETREAT.

SAFETY:

Applicant will wear shoes and socks and bring and apply sunscreen as necessary. Applicants who are minors or with youth groups will not leave the RETREAT grounds, authorized areas, or vehicles transporting Applicant at any time without permission, and Applicant agrees that RETREAT is not responsible if Applicant violates this rule. Applicant agrees to follow all safety instructions and to use caution to protect Applicant, other camper, RETREAT personnel, and others. Applicant understands that failure to obey safety rules will cause expulsion from RETREAT.

Participant Statement: I agree to obey all rules (rules having to do with safety and Christian behavior) and regulations of St. Jerome Catholic Church - TEEN ACTS, and will cooperate with leaders and fellow participants and with the retreatant staff at RETREAT.

Family Authorization for participant: In consideration for your agreeing to accept the above-named individual as a participant, I/we hereby assume all risk in connection with participation in the above-named Christian retreat. I/We authorize medical and surgical treatment for my child as may be needed in the judgment of the treating physician (physician chosen by Latham Springs management). I/We understand twenty-four-hour first aid care is available on the campgrounds, and I authorize transportation of my child at their discretion in case of emergency. I/We further understand that only limited secondary accident coverage (\$2,500 maximum) is provided. I further give permission and consent to St. Jerome Catholic Church & Retreat Center for any photographs, videotapes and interviews to be taken during the sessions to be published and used to illustrate, report, promote and advertise the retreat including on Internet Web Sites promoting or reporting on the retreat. I hereby assign full copyright of these Photographs to St. Jerome Catholic Church & Retreat Center with the reproduction either wholly or in part. BY MY SIGNATURE BELOW, I VERIFY THAT I HAVE READ AND UNDERSTAND EVERY PROVISION OF THIS AGREEMENT.

Name of Participant (Please Print) _____

Date of Signature _____

SIGNATURE of Participant _____

Date of Signature _____

SIGNATURE _____ of PARENT,
GUARDIAN or CONSERVATOR,
of minor PARTICIPANT, who verifies by this
signature the legal right to sign on behalf of minor.

CONSENT FORM – ST JEROME TEEN ACTS RETREAT

Informed Consent, Condition of Participation, Assumption of Risk and Release

I accept the following conditions of participation in the St. Jerome Teen ACTS Retreat, from _____ to _____.

CONFIDENTIALITY and COPYRIGHT: I understand that participants may disclose very personal and confidential information to my child during the event, and I agree to respect the confidentiality of all participants—their names, remarks and actions—as well as the content of the event itself. This agreement does not preclude my child from sharing his/her experiences in the event with anyone he/she chooses, so long as the confidentiality of the event and participants is maintained and copyright laws are not infringed. I understand that adult chaperones, volunteers, ministers, employees and St. Jerome Catholic Church cannot guarantee that other participants will respect the confidentiality of my child’s communications or actions, and I freely release and forever discharge adult chaperones, volunteers, ministers, employees and St. Jerome Catholic Church from any liability arising out of or relating to the disclosure of such communications or actions. My child’s disclosures, if any, are entirely voluntary on his/her part and I agree to hold adult chaperones, volunteers, ministers, employees and St. Jerome Catholic Church harmless from the consequences of such disclosure. I accept that the St. Jerome Teen ACTS Retreat and all processes and materials are copyrighted and intended solely for the personal, non-commercial use of the participants, that participants may make no recordings of any kind during the St. Jerome Teen ACTS Retreat and Teaming Process, and that no materials may be copied, reproduced or distributed without the written consent from adult chaperones, volunteers, ministers, employees and St. Jerome Catholic Church.

PERSONAL ISSUES: I have been informed that this event is intended for emotionally mature and stable individuals and is a deep inquiry into spiritual, religious, and ontological domains and into what it means to be fully human. As such, fundamental issues of God and Being, identity, religious beliefs, values and cherished ideals may be addressed and challenged and that repressed emotions, suppressed memories, bodily reactions and other discomforts may be experienced. I understand and accept and assume the risk that this event may be mentally, spiritually, physically or emotionally stressful, on my child and that persons unwilling to encounter such experiences or who feel they may be unable to handle them, should not participate in this event.

HEALTH MATTERS: I understand that this event is not therapeutic in design, intent, or methodology and is not a substitute for the services of a psychologist or other mental health professional. Also, I understand that I am solely responsible for my child’s mental and physical wellbeing and that there are no medical personnel in attendance. If my child sustains any injury, no matter how minor, or experience significant mental or physical distress, I agree to allow them to immediately inform adult chaperones, volunteers, ministers, employees and St. Jerome Catholic Church. I certify that my child is in good physical and mental health and that if he/she is under the care of a physician or mental health professional I have discussed his/her participation in the event with him/her and have obtained his/her consent to attend.

CONDITIONS OF PARTICIPATION: My child’s participation in this event is entirely voluntary. I understand that he/she may decline to participate in any event activity, may choose not to participate in a physical activity at any. I agree that my child is able to follow reasonable directions of the adult chaperones, volunteers, ministers, employees and St. Jerome Catholic Church, not disrupt the event or be physically or verbally abusive to the adult chaperones, volunteers, ministers, employees and St. Jerome Catholic Church or other participants, attend all meetings, unless I notify the adult chaperones, volunteers, ministers, employees and St. Jerome Catholic Church, and be on time. I understand that the adult chaperones, volunteers, ministers, employees and St. Jerome Catholic Church may request that my child leave the event at any time, and if so requested I agree to pick up my child immediately. My child will not attend the event under the influence of non-prescription mood-altering drugs or alcohol. In the event my child is under the influence of non-prescription mood-altering drugs or alcohol my child will be asked to leave the retreat center. My child will not bring recording devices of any kind into the meetings or retreat center.

INFORMED CONSENT AND RELEASE: I am aware and understand that this teaming process involves a potential risk of physical and/or emotional stress. I agree that the adult chaperones, volunteers, ministers, employees and St. Jerome Catholic Church are responsible only for the orderly presentation of this teaming process and that my child is solely responsible for his/her participation and for his/her own well being. It is my intention to exempt and relieve the adult chaperones, volunteers, ministers, employees and St. Jerome Catholic Church of this event from liability for any personal injury, illness, death, property damage, or other liability that may occur during, as a result of, or in connection with this event, including without limitation travel to, from, or during the duration of the event.

I willingly and knowingly assume for myself and my heirs, family members, executors, administrators, and assigns all risk of physical injury and mental or emotional upset which may occur during or after my child’s participation in this event, and I hereby agree to hold adult chaperones, volunteers, ministers, employees and St. Jerome Catholic Church, harmless from any and all liability arising out of my participation in this event. I certify that I am at least 18 years of age and am not under the supervision of a guardian or custodian. This release shall be legally binding upon me personally, my heirs, and all members of my family, executors, and administrators.

BINDING ARBITRATION: I agree that any dispute concerning, relating, or referring to this agreement or event shall be resolved exclusively by binding arbitration according to the then existing rules of the American Arbitration Association.

Signature _____ Date _____

Printed name _____

FOOD ALLERGY & SPECIAL DIETARY NEED

PARTICIPANT NAME: _____ Parents Name: _____
Phone #: _____

List allergies or explain special dietary needs:

Is participant aware of his/her allergies? _____

Is participant able to monitor his/her own food requirements? _____

Is the participant bringing some of his/her own food? _____

if so please list below:

A special place will be designated in the kitchen for pa to keep his/her own food. St Jerome Catholic Church understands about cross contamination and will make every effort to prevent any problems. We will strive to work with child and parents to make their week a great dining experience.