

2016 Confirmation Retreat Participation Agreement  
Transportation/Medical/Photography Release

I hereby grant permission for my son/daughter \_\_\_\_\_ to participate in the St. Bernard First Communion/Reconciliation Retreat. In signing this release, I understand this grants my permission for transportation by a bus or licensed adult driver when requested/needed for events for which the above named child is registered, as well as indoor and outdoor activities scheduled at St. Bernard Catholic Church. In consideration for planning the events attended by my child, I hereby agree to release and hold harmless the Archdiocese of Kansas City, KS, St. Bernard Catholic Church, Sacred Heart Church, Holy Family Church, St. Joseph Church, and any and all employees and volunteers from any and all liability for any and all injury to my child as a result of his/her participation in scheduled events. In addition, I agree to pay all medical/dental expenses related to any such injury.

By my signature below, I also give my permission for emergency medical treatment for my child in the event of an injury that in the opinion of medical personnel will result in further pain, injury, suffering, disfigurement, or death if treatment is delayed. I understand every effort will be made to contact me as soon as possible in the event of an accident or injury to my child.

Medical information: (allergies especially Food allergies or any other information that we should know.):

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**Photography Release (please initial)**

\_\_\_\_\_ I give my permission for my child's photograph/video to be taken and used for church related publications, etc. relating to St. Bernard events. No photographs/videos will be used unlawfully.

_____ Parent/Guardian Signature	_____ Date	
_____ Print Name	_____ Home Phone	_____ Cell phone
_____ Emergency #1 Contact Name*	_____ Emergency #1 Phone	_____ Relation
_____ Emergency #2 Contact Name*	_____ Emergency #2 Phone	_____ Relation

***\*Please list other contacts than the Parent listed above***