

EMERGENCY CONTACT INFORMATION

Parent or Guardian: _____

Chronic Conditions of participant (e.g. Allergies, Epilepsy; Diabetes) _____

Medications: _____

Medical Insurance: _____ **Policy Number** _____

Address: _____ **Phone** () _____

Child's Name: _____ **Phone** () _____

Family Doctor: _____ **Phone** () _____

RELEASE AND INDEMNIFICATION AGREEMENT

- A. As the above-named participant, I hereby register for and commit to attend *the Blessed Sacrament Parish Vacation Bible School*. (the "activity"). I further agree to the terms of this Release and Indemnification Agreement, and I agree to comply with the Code of Behavior set forth below.
- B. As a parent or guardian of the above-named participant, I give my permission for my child or ward to register for and attend the activity.
- C. The undersigned release from all liability, and indemnify and hold harmless Church of the Blessed Sacrament, parish/school, the Diocese of Columbus and any employee, agent or representative thereof from any and all liability, actions, causes of actions, claims, judgments, costs or expenses, arising out of or in any way related to injury, illness or loss incurred by the participant while participating in or traveling to or from this activity.

EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give my consent to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers please contact:

Name & relationship: _____

Phone: _____

Signature: _____ Date: _____

PARENTS' CONSENT FOR RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION

The undersigned parent/guardian of _____, (Minor's Full Name) hereby consent to the release of photographs and name of the minor to be used by the Blessed Sacrament Parish.

CODE OF BEHAVIOR

- 1. *Participants must stay and participate in the entire event. Participants may not leave the premises unless accompanied by adult leader, parent or legal guardian.*
- 2. The possession or use of alcohol, tobacco, drugs, or weapons of any kind is not permitted.
- 3. Foul language is not tolerated.
- 4. Violence or harassment of any kind will not be tolerated.
- 5. Participants must heed any and all directions of activity staff.
- 6. Participants must respect the rights and property of others. Damage to or defacing of property will be the financial responsibility of the participant involved and the participant's parents/legal guardians.
- 7. Participants will refrain from using electronic devices such as cell phones, iPods, etc., during the event (All adults will have cell phones for emergencies, so students are encouraged to leave all electronic devices at home.)
- 8. Failure to abide by this Code of Behavior may result in a request to parents/legal guardians to transport offending participants from the premises. Parties shall immediately comply with this request.

WE HAVE READ, UNDERSTAND, AND AGREE TO ALL CONTAINED IN THIS AGREEMENT

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____