



St. Frances Cabrini Catholic Church
2211 East Texas Avenue
Alexandria, LA 71301
~ Liability and Medical Release Form ~

ONE FORM
PER
PERSON

Youth Minister: _____ Church: _____

Name of the Event: In Your Cute Face Place: St. Frances Cabrini Church Alexandria, LA

Date: February 26, 2011

Participant's Name: _____ M/F: _____

Date of Birth: _____ Email: _____@_____

Parents/Guardian Names: _____

Home Address: _____

Parents Home Phone #: _____

Group Number: _____

Insurance Phone Number: _____

Health Information

Insurance Company: _____ Policy Number: _____

Participant's Doctor: _____ Phone: _____

Participant's allergies, if any, including medication and foods: _____

Participant's chronic medical problems: _____

Participant's other physical restrictions, if any: _____

Current medications taken by Participant: _____

Reason for taking: _____

Emergency Medical Treatment

The undersigned do hereby release forever, discharge, & agree to hold the above group/church/school, the Diocese of Alexandria &/or Sponsor or any Hospital/Medical Center used while on event harmless from & against any & all liability, claims, demands, lawsuits & expenses arising from personal injury, sickness, death or property damage of any nature whatsoever which may be incurred or suffered by participant (if participant is under 18 or 18 & older) while attending activities. Furthermore, the undersigned hereby assumes all risk of personal injury, sickness, death damage & expense arising from participant's participation in all activities, including recreation & work activities involved in the above activity. In addition, authorization & permission is hereby given to furnish all necessary transportation, food & lodging for participant (if participant is under 18 or 18 & older). The undersigned further hereby agree to indemnify & hold the above group/church/school, the Diocese of Alexandria &/or the Sponsor &/or any Hospital/Medical Center used during the event, & their respective members, directors, employees, & agents (collectively, the "Indemnities"), harmless from & against any & all claims, demands, actions, lawsuits & liabilities, including attorneys' fees & expenses sustained by the indemnities as the result of negligent, willful or intentional acts of participant (if participant is under 18 or 18 & older).

In the event of an emergency, if you are unable to reach me at the above number, contact:

Name: _____ Relationship: _____

Telephone #: _____ Cell Phone #: _____

Event:

**This liability Form is for IN YOUR CUTE FACE AT CABRINI CHURCH,
ALEXANDRIA, LA DATE: FEBRUARY 26, 2011**

Liability Release

If you would like your child to participant in this event, please complete, sign & return the following statement of consent & release of liability. As parent/legal guardian, you remain fully responsible for any legal responsibility that may result from any personal actions taken by the named student. I understand that this event will take place away from the church/school grounds & that my child will be under the supervision of the designated chaperones on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation, & the use of appropriate pictures taken of my child while participating in said event. If participant is under 18 years of age: We (I), the parent(s)/legal guardian(s) of the participant, hereby grant permission for our son/daughter to participate fully in the above activity & all of its undertakings, & hereby give our permission to take said participant to doctor or hospital & hereby authorize medical treatment, including, but not limited to, emergency surgery, & we, notwithstanding any question of liability involved in this emergency, fully & completely, assume responsibility for all medical bills. Furthermore, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, we (I) assume all responsibility & transportation costs.

In signing this Agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights as well as, if applicable, those of my child, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

Parent/Legal Guardian Signature: _____ Date: _____

SWORN TO and subscribed before me on this _____ day of _____ 20____:

NOTARY PUBLIC (Printed Name) _____

NOTARY PUBLIC (Signature) _____

(Seal)

Notarial Number _____