



Saint Rose of Lima

Office of Religious Education

Parent/Guardian Permission and Release Form

To: The Archdiocese of Los Angeles, its priests, ministers, managers, supervisors, employees and volunteers; and St. Rose of Lima parish and Youth Ministry.

I hereby grant permission for my son/daughter _____ to participate in the: Track 1 Retreat

DATE: February 19, 2012 8:00 AM in the HALL.

Destination: St. ROSE OF LIMA HALL

Emergency Number: RE OFFICE - (805) 526-5513

PICK: 6:20 PM - AFTER 5:00 LITURGY – PLEASE JOIN US for the 5:00 LITURGY

Cost: \$25.00 - Due by Feb 1st, 2012

I agree to direct my son/daughter to cooperate fully with the designated supervisory personnel in charge of the activity.

I agree that the supervisory personnel may obtain such medical services for my son/daughter, as they, in their sole discretion, deem necessary. I agree that any licensed physician chosen by supervisory personnel may render medical testing, examination and treatment as necessary and appropriate. I further agree to be responsible for, and pay such fees and costs as may be incurred for such testing, examination and treatment.

I agree to release each of the above-mentioned entities and persons from all liabilities for damages, which may accrue to my son/daughter, or to any person claiming damages through or for my son/daughter, except those liabilities, which may arise out of the actively negligent, acts or omissions of any such entity or person. This release is given with knowledge of California Civil Code section 1542 which provides as follows, "a general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known to him must have materially affected his settlement with the doctor."

I hereby waive the protections of said section 1542 in executing this permission and release

Parent/Guardian *Signature*: _____ Date: _____

PLEASE PRINT INFO

Parent/Guardian Printed Name: _____

Address: _____

Telephone Home: _____ Work: _____

Cell: _____ Other: _____

Non-Parental Emerg. Contact: _____ Relationship: _____

Home: _____ Cell: _____

Doctor's Name: _____ Phone: _____

Insurance Information: _____ Policy #: _____

School your child attends: _____ Shirt Size _____

Special Instructions: _____

STUDENT RETREAT CONTRACT and IMPORTANT INFO

Everyone who attends the Track 1 Retreat is expected to participate actively and behave appropriately so that all will have the chance to safely enjoy this special event! Nobody really likes rules or consequences, but to be fair it's best if we all know what is expected.

Because it is important to not only be physically present, but mentally present at this event, CELL PHONES, IPODS AND OTHER ELECTRONIC DEVICES (other than a camera) May NOT be used until directed by a chaperone.

I have read and I understand this policy:

Student Signature: _____ Date: _____

Parent(s)/Guardian: _____ Date: _____