

Youth Ministry Permission Form

Youth Name: _____ Age: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Emergency Contact: _____

Emergency Phone: _____

Permission and Permission to Treat

I/We, the undersigned Parent(s) or Guardian(s) of (print name of child on the following line) _____ do hereby give my/our permission for my/our child to participate in _____. We also give permission for the individual(s) acting as guardian and in the best interest of my/our child, to treat my/our child, or to find treatment for my/our child, if medical attention is needed.

Medical Insurance Company: _____

Insurance I.D. #: _____ Insurance Group #: _____

Hold Harmless and Indemnification

In consideration of the agreement of St. Malachy Parish to allow my/our child to participate in the event mentioned above, and intending to be legally bound hereby, I/we agree to indemnify and hold harmless St. Malachy Parish, and its employees and legal representatives, and the Diocese of Pittsburgh against any loss from any and all claims, demands and actions at law or in equity that may hereafter at any time be brought by my/our child, or anyone acting on his/her behalf, for purpose of enforcing a claim for damages because of injury (including death) to my/our child as a result of, or in any way related to his/her participation in this activity.

I/We agree that in case of injury to my/our child, I/we will apply our hospitalization and/or accident insurance toward the payment of expenses incurred and will not look to St. Malachy Parish, or to its employees and legal representatives, or the Diocese of Pittsburgh for the payment of any medical costs or injury related costs.

Signature of Parent or Guardian

Date