Student Waiver and Medical Release Form

ST. MARY YOUTH EVENT
"LASER QUEST TRIP"

PLEASE PRINT LEGIBLY

FULL NAME	BIRTH DATE	GENDER
PHONE	ADDRESS	CITY/ZIP
GUARDIAN'S NAME	HOME PHONE	WORK PHONE
HEALTH INSURANCE COMPANY	POLICY #	

Is this participant in general good health and able to participate in all activities involved in this event? **Yes** **No**

(If no, please submit a statement indicating limitations or serious medical conditions)

Are there any known allergies to food or medications that those who work with your young person this week should be aware of? **Yes** **No** **Vegetarian**

If yes, please explain:

EMERGENCY CONTACTS

NAME	RELATION	PHONE

WAIVER AUTHORIZATION

I request that St. Mary Parish, Office of Youth Ministry, permit my child to participate in the Laser Quest Trip to be held at Laser Quest on Friday, August 11, 2017. I understand that my child will travel round-trip from St. Mary Parish and will be dropped off and picked up at the agreed upon time. I understand that reasonable precautions will be taken to safeguard the health and well being of my child, and that I will be notified as soon as possible in the event of an emergency. In case of sickness or accident, I authorize and consent to any x-ray exam, anesthetic, medical, dental or treatment, and hospital care to be rendered to my child under the general care and advice of any physician, dentist, or surgeon licensed to practice in any state. I further understand and agree to be responsible for any such medical, dental and/or hospital expenses incurred. I hold the parish and Diocese of San Jose harmless from any claim of injury, sickness, illness or damage that my child may suffer or sustain during the activity listed above, with exception to injury of damages arising out of the sole negligence of the parish or Diocese of San Jose.

VIDEO AND PHOTO CONSENT

I hereby grant permission for my child to be photographed and/or videotaped during the event. I understand that my child may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting the youth programs.

Guardian's Signature **Date**