Diocese of Springfield

Parental/Guardian Form for a Child under 18
RELEASE AND INDEMNIFICATION AGREEMENT

I, the lawful parent or guardian of _____ ("my child", which as used below shall include any and all of my aforementioned children participating in the below event and activities), on behalf of myself and my child, irrevocably release from all liability to the fullest extent permitted by the law, and hereby agree to indemnify, defend and hold harmless the Roman Catholic Bishop of Springfield, a corporation sole, its officers, agents, representatives, volunteers, chaperones, clergy, religious and employees including any and all parishes and ministries thereof from and against any and all liability, demands, actions, causes of action, claims, judgments, cost and expense, including but not limited to attorneys' fees, known or unknown at this time, arising out of or in any way related to any injury, illness, loss or other damage to person or property incurred: (a) by my child and/or myself while participating in or traveling to or from, or in any way arising out of, the following event or activity:

_____

(EVENT NAME at VENUE NAME, CITY/TOWN, STATE on DATE)

and/or (b) by any other person sustaining or alleged to have sustained any injury, illness, loss or expense, including attorneys' fees, by reason of my child's or my negligent or wrongful act or omission.

I agree to instruct my child to cooperate with and follow the rules of the event or activity referenced above and any instructions of the Diocese of Springfield. In the event my child does not cooperate with or follow same I agree that my child shall withdraw from the event or activity referenced above and that I shall, at my sole cost and expense, arrange for the immediate transportation of my child from the event or activity referenced above to my home, if so requested by Diocese of Springfield.

MEDICAL AUTHORIZATION

I appoint the Diocese of Springfield or its agents as my lawful attorney-in-fact, to act for me in my name and stead and on my behalf, in any way that I would, in the reasonable and sole judgment of the Diocese of Springfield be expected to act if I were personally present, with respect to any injury, illness or medical emergency occurs during the activity. I authorize the Diocese of Springfield or its agents to give any and all consents and authorizations to any physician, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other first aid and/or emergency actions as our attorney-in-fact shall deem necessary or appropriate for the best interest of my child/ward. I understand that the Diocese of Springfield through its agents will make a reasonable attempt to contact me as soon as reasonably possible in the event of medical emergency involving my child/ward.

The release/indemnification/defense provisions above shall apply to any such decision or action. The powers and authority granted herein may be revoked prospectively by written notice delivered in-hand to the Diocese of Springfield, provided that in such notice I confirm that I am immediately assuming full responsibility for all decisions and actions as to my child/ward's welfare and health. Absent receipt of such written notice this power of attorney shall not be affected by my disability, incapacity or adjudicated incompetence.

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This power of attorney shall lapse automatically upon completion of the activity listed above that my child/ward is participating in or attending and related activities, and travel if any, and the return of my child/ward to me or my designee. Any revocation of such powers and authority shall not affect any other provision of this Release and Indemnification Agreement, each of which shall continue in full force and effect.

I understand and agree that the Diocese of Springfield is not and shall not be responsible for assuring that my child/ward takes any medication, prescription or otherwise, which may be indicated for my child/ward. There are no medical or psychological conditions, nor any life-threatening allergies to foods or medicines, that would limit my child/ward's full participation in the activity or require any special precautions except as I list here:

List any current medications and dosage (prescription and over-the-counter) that the Diocese of Springfield might need to know about should an emergency arise here:

My child requires an EpiPen: Yes ◯ No ◯ If "yes," I will ensure my child has an EpiPen with him/her at all times. He/She will be responsible for administering treatment.

If any change occurs in the information that I provided with respect to emergency contacts or medical information, I shall provide immediate written notification of such change to the Diocese of Springfield.

As evidenced by my signature below, the Diocese of Springfield and/or an agent thereof may use my child/ward's portrait or photograph for promotional purposes related to the advancement and development of the ministry of the Roman Catholic Church and the Diocese of Springfield, and I hereby release, indemnify and agree to defend under the provisions above the Diocese of Springfield and its agents from any and all liability, loss, damage and expense, including attorneys' fees, resulting from such use.

☐ I grant permission for my child/youth to be driven by approved chaperones of this trip.

By signing below, I verify that I have carefully read and understand this statement and I am signing it freely and voluntarily in consideration of the Diocese of Springfield's agreement to allow my child/ward to participate in this voluntary activity, trip or event, and as an inducement to the Diocese of Springfield to permit such participation, without which it would not do so. I request that my child/ward be allowed to participate in the above-referenced activity, trip or event.

Signature of Parent or Guardian: _____ Date _____

Signature of child: _____ Date _____

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PLEASE PRINT THE FOLLOWING INFORMATION

Name of person signing this form: _____

Name of child: _____

Date of Birth of child: ____/_____/_____

Street Address: _____ City: _____ State:_____ Zip:_____

Parent/Guardian Phone:

Work: _____ Home: _____ Cell: _____

#1 Emergency Contact (other than yourself): _____

Relationship to child:_____

Emergency Contact Phone:

Work: _____ Home: _____ Cell: _____

Family Doctor

Name: _____ Phone: _____

Child's Health Insurance Provider: _____ Membership Number: _____

Name of Parish/School & Town: _____

_____

Special Needs or Considerations for Your Child/Other Comments: _____