



Faith in Action

APPROVAL OF PARENTS OR GUARDIANS

(For members and guests under 18 years of age participating in a Faith in Action activity without a parent)

Participant's first name and middle initial

Last Name

Address

Birth date (month/day/year)

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Area Code and telephone no. (home)

Area code and telephone no. (parent's business or cell)

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Name of alternate emergency contact

relationship

Area code and telephone no. for alternate

Date and description of activity

Parents or guardians must read this statement, before approving application

I hereby approve and agree to all of the terms and conditions of this application and certify to its correctness. Further, I certify that this child can meet the health and physical fitness requirements of the project or activity

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release St. Justin Martyr parish, the Archdiocese of St. Louis, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

I hereby assign and grant to St. Justin Martyr parish the right and permission to use and publish the photographs of me or my child at this event, and I hereby release the parish, from any and all liability from such use and publications.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Printed name of parent/guardian _____

Signature of parent/guardian _____

Date: _____