

Event Name _____ Date(s) of Event: _____

St. Thomas Aquinas - The Edge
PERMISSION SLIP/EMERGENCY RELEASE

Minor's Name: _____ DOB ____/____/____

Address _____ City _____ State _____

School _____ Grade _____ M/F

Parent (s)/Guardian Name _____

Home Phone (____) _____ Work (____) _____ Cell(____) _____

Parent's Email Address: _____

Pertinent Medical Information (including drug/food allergies, chronic conditions, current medications, other):

PERMISSION TO TRAVEL AND PARTICIPATE / LIABILITY RELEASE: I/We, the parent (s)/guardians of the above named minor, do hereby give him/her permission to travel with the middle school youth group of St. Thomas Aquinas Catholic Church (hereinafter referred to as "Edge") and to participate in all youth activities and functions. We understand that our child may be traveling via public or private transportation (for example: car, bus, boat, van, plane). We hereby recognize the inherent risk associated with the various youth activities and forms of travel, and agree to save and hold harmless St. Thomas Aquinas Catholic Church, Edge, LifeTeen Intl., Inc., the Roman Catholic Archdiocese of Boston, and their employees, volunteers, and agents from any liability or expense that may arise from my child's participation in youth events and any travel related incidents going to and from such event.

AUTHORIZATION OF CONSENT TO TREAT MINOR: I/We, the parent (s)/guardians of the above-named minor, do hereby authorize St. Thomas Aquinas Catholic Church, Edge, LifeTeen Intl., Inc., the Roman Catholic Archdiocese of Boston, youth ministry leaders, servants, employees, officers and adult volunteers as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital. It is understood that this authorization is given in advance of any specific treatment or diagnosis, but is given to provide authority and power of treatment, or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable. This authorization shall remain effective for up to one year from the date of completion of this form, unless sooner revoked in writing delivered to said agent(s).

Release of Liability: I/We, the parent (s)/guardians of the above-named minor, shall indemnify, hold free and harmless, assume liability for, and defend St. Thomas Aquinas Catholic Church, Edge, Life Teen Intl., Inc., its agents, servants, employees, officers, and directors from any and all costs and expenses including but not limited to, medical fees, attorney's fees, discovery costs, court costs, and all other sums associated with any claim or action founded thereon, including those arising or alleged to have arisen out of treatment of aforementioned minor. I/We also release St. Thomas Aquinas Catholic Church, Edge, LifeTeen Intl., Inc., the Roman Catholic Archdiocese of Boston, and any agents of the church of any liability incurred due to aforementioned minor's use of real or personal property belonging to St. Thomas Aquinas Catholic Church, Edge, LifeTeen Intl., Inc., the Roman Catholic Archdiocese of Boston, its agents, employees, or volunteers.

*Signature of Parent/Guardian _____ Date ____/____/____

Witness _____ Date ____/____/____