

**FOR PARTICIPANTS UNDER 18
DISCLAIMER OF RESPONSIBILITY
AND HOLD HARMLESS AGREEMENT
PARENTAL PERMISSION AND MEDICAL AUTHORIZATION
FOR HERSHEY PARK TRIP
PARISH/CYO/YOUTH GROUP**

We (I) the parent(s) or legal guardian(s) of _____ (child's name); _____ (age) hereby give permission for our child to participate in the sport/activity named above, and acknowledge and agree the above Parish/CYO/ Youth Group has no responsibility or liability for the above sport/activity even if the Parish/CYO/Youth Group may have provided some assistance with the arrangements for the event such as publicity, group transportation or group discounts and that **THIS IS NOT A PARISH/SCHOOL EVENT.**

PARENT UNABLE TO ATTEND:

We (I) _____ (parent or guardian's name(s)) are unable to attend with our (my) child as a participant or spectator; therefore, we further agree that we have provided all the necessary and proper instructions to our (my) child and that our (my) child can use and rely on their own good judgment to match their past participation (which may range from novice/beginner to advanced/professional) in the sport/activity to the proper level of skill and experience for the duration of this event, hiso doing, we understand that only we (I) can fulfill our parental duty and no other person or chaperone can maintain an equal or high standard than the level of parental responsibility or supervision for the sport/activity than we (I) can provide by being present. In our (my) absence, se (I) agree that the Parish/CYO/Youth Group or anyone else who may provide some care of our (my) child has absolutely no responsibility nor liability whatsoever for the above sport/activity even if the Parish/CYO/Youth Group or others may have provided some assistance with the arrangements.

PARENT ATTENDING:

We (I) _____ (parent(s) name(s)) will be participating in the above sport/activity along with our (my) child.

BOTH ATTENDING AND NON -ATTENDING PARENTS:

Recognizing that injury may occur in any sport/activity, and that the above sport/activity like other high risk sports/activities, is more prone to accidents of injury which may be serious or even life threatening, we (I) hereby assume the risk in full for the above sport/activity and for our (my) child and for ourselves (myself) as a participant/spectator and with full knowledge of the risks inherent in such sport/activity hold harmless the Parish/CYO/Youth Group, the Archbishop of Philadelphia, the Archdiocese of Philadelphia, and its priests, religious, employees, agents, and volunteers (collectively called Parish/CYO/Youth Group) involved in any level of organizing or aiding in the arrangements for the sport/activity, from any and all claims or liabilities, whereto direct or indirect, for any and all bodily injury and/or property damage arising from our (my) child's participation in the sport/activity, as a participant or a spectator, to include any travel to and from such activities and agree to assume the full risk and responsibility for such injury or illness.

SEE BELOW

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We (I) understand that this agreement is for the duration of the sport/activity to include any and all meetings or other related programs or events and any travel to and from such activities at the above facilities or fields or any other location made available for our (my) child's use and recreation.

We (I) hereby give our (my) permission to take our (my) child to a doctor/hospital, and hereby authorize medical treatment, including, but not in limitation to emergency surgery or medical treatment and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, we (I) hereby assume all transportation costs.

We (I) are (am) further providing our (my) child's insurance information/insurance card and listing my telephone numbers where I can be reached at **ALL TIMES ON MONDAY, JUNE,8, 2009.**

We (I) have read this document completely and in its entirety and we (I) understand its contents.

Parent/Guardian Name – **Please Print**

Parent/Guardian Signature

Date

_____ cell /home

Telephone Number of Parent/Guardian

_____ cell/home

2nd Telephone number of Parent/Guardian

Insurance Company Name

Insurance Policy Number

Physician's Name

Physician's Telephone Number_