

Saint Joseph Parish – Galion, OH
PARTICIPANT RELEASE AND WAIVER FORM

Every participant must have a completed and signed release form

Participant's Name _____ Date of Birth _____

Address _____

Guardian's Name _____ Phone _____

In the event of an emergency the parent/guardian will be contacted first. Please provide a second contact in case they cannot be reached.

Emergency Contact _____ Relationship _____

Phone _____

Name of Event or Group: **VBS 2024**

Date of Event **6/17/24 to 6/21/24S**

- Please list any medical/physical limitations- (allergies, medications etc.) or other concerns pertaining to your child:

Accident Release, First Aid, Media and Financial Responsibility Waiver

Please read and sign below. Forms cannot be accepted without a signature.

I understand the program is provided by Saint Joseph Parish, and understand the inherent dangers involved with my child's participation in this program, including the risk of personal injury and/or damage to my child and/or my property while participating in this program. I further understand and acknowledge that the participants in such programs are not covered under insurance of Saint Joseph Parish and that Saint Joseph Parish will not allow participation in these programs absent my signing this release. I authorize and grant permission for a representative of Saint Joseph Parish to treat minor injuries including scrapes, small cuts, splinters, and insect bites. I authorize and grant permission for a representative of Saint Joseph Parish to obtain emergency medical care from any licensed physician or hospital and/or medical clinic should my child become ill or injured while participating in activities away from home or at other times when neither parent nor guardian is available to grant authorization for emergency treatment. I therefore freely and voluntarily execute this release with such knowledge, and for myself and on behalf of my child, assume the risk of personal injury and/or property loss arising from or in any way connected with participation in any programs offered by Saint Joseph Parish. I for myself and on behalf of my child hereby release and discharge and agree to defend and indemnify Saint Joseph Parish and the Diocese of Toledo and any and all their agents from any liability, claim, cause of action, demand or damages from injury or damages of any kind to my child or my property as a result of participation in the programs of Saint Joseph Parish unless caused solely by the recklessness or wanton misconduct of the released parties. I understand that alcohol, tobacco, illicit drugs, and weapons of any kind are prohibited and consent to search of my child's possessions to enforce this prohibition. I grant permission and understand that photos and other images taken during this event could be used in print advertisements and other forms of media. I further waive, release, absolve and agree to indemnify, defend and hold Saint Pius X Parish harmless as a result of participation in any programs sponsored by Saint Pius X Parish.

Parent/Guardian Signature _____ Date: _____