



# STOCYM

Medical/Liability Release Form

Special medical and/or emotional conditions:

\_\_\_\_\_  
\_\_\_\_\_

## PARTICIPANT'S INFO

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX: \_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_

CELL: (\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Type of event or activity:** LAZER BURGERS

**Cost of activity:** \$15.00 - 25.00

### Destination of event or activity:

Ultrazone  
3146 Sports Arena Blvd #21  
San Diego, CA 92110 (and In-N-Out in same parking lot)

**Individual in charge or responsible:** Harrison Trubitt

**Estimated time of Event:** 6:00 PM - 10:00 PM

### Mode of transportation to and from event:

Parent drivers/Carpool

## MEDICAL MATTERS

FAMILY DOCTOR: \_\_\_\_\_

DOCTOR PHONE #: (\_\_\_\_) \_\_\_\_\_

HEALTH PLAN CARRIER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

CARDHOLDER'S NAME: \_\_\_\_\_

EMERGENCY CONTACT: In the event of an emergency, if you are unable to reach me at the above numbers, contact:

NAME \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE #: (\_\_\_\_) \_\_\_\_\_

SPECIAL MEDICAL INFORMATION: The parish, St. Therese of Carmel, will take care to see that the following information will be held in confidence. Please answer all that apply:

Current medications (must be labeled w/ instructions):  
\_\_\_\_\_

Allergy (medications, foods etc.) and physical reaction:  
\_\_\_\_\_

## PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

I, (name of parent or guardian) \_\_\_\_\_, grant permission for my child to participate in this parish activity that requires transportation to a location away from the parish site.

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

I hereby grant permission for the parish, its officers, directors and agents, chaperons, or representatives associated with the activity to give nonprescription medication (such as aspirin, throat lozenges etc.) to my child, if deemed advisable.

If taking medication at present, my child will bring all such medications necessary and release them to the adult representative in charge for distribution to my child. Such medications will be well labeled with names of medications, concise directions for seeing that the child takes such medications, including dosage and frequency of dosage.

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

As parent, or legal guardian, I remain legally responsible for any personal actions taken by the above named young person ("participant"). My child and I have read and understood the expectations and guidelines for this event and will cooperate with these rules. I understand that failure to comply may result in immediate dismissal of my child, with transportation home at my expense.

I agree to hold harmless and defend St. Therese of Carmel, its officers, directors and agents, and the Diocese of San Diego, chaperons, or representatives associated with the event with respect to any and all actions, claims or demands that may be made or brought against the above named parties associated with the event, arising from or in connection with my child's attending the event or in connection with any illness, injury or cost of medical treatment in connection therewith. I agree to compensate the parish, its officers, directors and agents, and the Diocese of San Diego, chaperons, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_