



Holy Family Youth Ministry

Concord, Massachusetts

Name of Event & Destination: Feeding the Homeless in Boston

Purpose: Confirmation Service Project, the youth will make lunches and distribute them to the homeless in Boston. Youth will need to bring \$10.00 for the bus and spending money for their lunch. Please rsvp that your child is attending at youthministry@holyfamilyconcord.org by Thursday afternoon.

Date & Time: Saturday December 9, 2017 10:00a.m. to 4:00p.m.

Means of transportation: Bus

Please return this form with your child on Saturday. We need everyone to have permission slips to attend.

Acknowledgement and Assumption of Risk: The undersigned participant, parent and/or legal guardian, does hereby acknowledge that I am or he/she is aware of the dangers and risks to person and property by participating in the above named event. Nevertheless, I, or the undersigned parent and/or legal guardian, voluntarily elect to participate in this activity with knowledge of the danger involved, and hereby agree to accept and assume any and all risk of property damage, personal injury, or death.

Medical Authorization, Indemnification and Waiver of Liability: In consideration for being allowed to voluntarily participate in the above-referenced event, I hereby:

- A. Consent to receive medical treatment, which may be deemed advisable in the event of injury, accident or illness during this activity or event. This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law;
- B. Agree to defend, indemnify, and hold harmless Holy Family Parish and the Roman Catholic Archbishop of Boston, a Corporation Sole, and its agencies, officers, and employees from and against any and all claims of any nature including all costs, expense and attorneys' fees, which in any manner result from actions during this activity or event, and
- C. Waive and release forever Holy Family Parish and the Roman Catholic Archbishop of Boston, a Corporate Sole, and its agencies, officers, and employees from any and all liability for death, disability, personal injury, property damages, property theft, or claims of any nature which may hereafter accrue as a direct or indirect result of the participation in the activity or event.

Further, I affirm that I am at least 18 years of age and am freely signing this agreement. I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies that may otherwise be available regarding any losses sustained as a result of participating. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

Parent/Guardian Signature: _____ Date: _____

Printed Name of Signatory: _____

Name of Participant: _____ Birthday of Participant: _____

Emergency Contact: _____
(Name & Phone Number/s)

Insurance Carrier Name and Policy No: _____

Special Considerations / Important Medical Information about Participant (allergies, etc):