

St. Bridget Parish
Parent/Guardian Release and Consent Agreement

Event _____ Date _____

Name of Youth: _____ E-mail _____

Address _____ Town _____

Phone # _____ Date of Birth _____

In case of an emergency, please notify _____ at _____

If there are any limitations to the activities in which your child can participate, note them here:

VERY IMPORTANT - please include any medicine or food allergies

I, _____, am the parent or guardian of the child named above. I give my consent for him/her to participate in the event shown above. In case of medical emergency, I give permission for my son/daughter to be evaluated, diagnosed, treated and/or medicated by licensed medical personnel. In addition, I consent to the release of any medical records which I provided to St. Bridget Parish to medical personnel attending to my child. I hereby release and discharge the Roman Catholic Archbishop of Boston, Corporation Sole, St. Bridget Parish, their agents, servants, employees, priests, staff and/or volunteers from any and all claims and liability which the undersigned had, now has or may hereafter have against such parties, especially with respect to claims for personal injury, death, damage to or loss of property incident at this event and for any medical care and treatment which is provided to my child. A copy of this form shall be as valid as the original. I have read the foregoing and understand and agree to the same.

Parent/Guardian Signature _____ Date _____

Name(printed legibly): _____

_____ (initial) I give permission for St. Bridget to use pictures of my child in their social media (Instagram, Twitter, Facebook) and on www.saintbridgetmaynard.com.