

## PARENT / LEGAL GUARDIAN PERMISSION SLIP

Dear Parent or Legal Guardian:

Your son/daughter, guardianship, is eligible to participate in the Midnight Bowling for Catholic Charities sponsored by Immaculate Conception Youth Ministry. These activities will take place under the guidance and supervision of employees and volunteers from Immaculate Conception Parish. A brief description is as follows:

**Event/Location : Mister's Lanes**

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**Date and Time of Departure: Meet at Mister's at 10:00pm on Fri., Apr. 1<sup>st</sup>**

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**Date and Time of Return: Pick up at Mister's at 12:00am on Sat., Apr. 1<sup>st</sup>**

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**Designated Chaperones: Denise York**

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**Method of Transportation: parents**

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If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability and image release and medical release information. As a parent, legal guardian, you remain fully responsible for any legal responsibility that may result from actions taken by the youth participant.

### LIABILITY RELEASE

I/We recognize and acknowledge that there are risks in my child's presence and participation in the above mentioned event. I agree to indemnify, hold harmless, waive and relinquish all claims I may have against Immaculate Conception Parish and the Diocese of Buffalo including any negligence claims on their part and its officers, agents, employees, representatives or volunteers arising out of the transportation to and / or from the event, or in connection with any claims arising out of or caused by any activity my child participates in during the event.

### IMAGE RELEASE

Parents and guardians are advised that photographs or video tape of program participants may be used in publications, web sites, social networking sites, brochures, flyers or other promotional materials produced from time to time by Immaculate Conception Youth Ministry. Participants will not be identified without the specific written consent of parents. Parents or guardians who do not wish their child to be filmed or videotaped should notify the Director of Youth Ministry in writing. By signing below I consent to have my child identified in publications, web sites, brochures, flyers or other promotional material.

### MEDICAL RELEASE

Our permission is hereby given to the representatives of Immaculate Conception Parish to authorize by his/her signature, whatever medical or surgical treatment may be considered necessary in the event of an accident or medical emergency in which the parent or guardian cannot be reached. It is understood that every attempt to reach the parent or guardian will be made. If the physician below cannot respond, I authorize any licensed physician or medical center to treat the student designated below.

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Youth Participant

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Parents' Name/Signature

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Address

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Telephone Number

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Emergency Contact/ Telephone Number

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Primary Care Physician/Phone number

Health Insurance Company/Plan #/ID # \_\_\_\_\_

Allergies, Reactions or other pertinent medical information: \_\_\_\_\_