

PARENT MEDICAL AND LIABILITY RELEASE STATEMENT

CODE OF CONDUCT and PHOTO RELEASE

DIOCESE OF SAN BERNARDINO 1201 E. Highland Ave, San Bernardino, Ca 92404-4641 (909) 475-5167
CATHOLIC MUTUAL GROUP 2724 Waterman Ave Ste. J, San Bernardino, CA 92404-4641 (909) 886-6001
St Peter and St Paul Catholic Parish 9135 Banyan Street, Alta Loma, CA 91737 (909) 987-9312

EVENT INFORMATION

Event: Year Two Retreat 2024

Location: 5701 Acorn Dr,
Wrightwood, CA 92397

Phone: (909) 987- 9312 ext 1202

Date & Time of Activity: March 22, 5:30 pm to March 24 1:00 pm

Cost: \$220

****Please check one:**

- Adult (18 and older)
- Youth (under 18)

(Please Print)

Participant's Name: _____ Date of Birth ____/____/____

Parent's Name: _____ Phone #: _____ Cell or Work #: _____

Emergency Contact Name: _____ Phone #: _____

Family Physician: _____ Phone #: _____

Insurance Company: _____ Policy No: _____

Allergies/ Medical Problems/ Disabilities _____

Is the participant taking any over the counter or prescriptions drugs?

Please list and print Clearly _____ (Use another sheet if necessary)

Please list any Allergies to medication or foods _____

MEDICAL LIABILITY

I also understand that in the event medical intervention is necessary, every attempt will be made to contact immediately the persons listed on this form. If I cannot be reached in an emergency during the activity dates shown on this from, I give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/ order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by: St. Peter & St. Paul staff (909.987.9312) and its agents during the events and activities. I understand the possibility of unforeseen hazards and know there is the inherent possibility or risk. **I agree not to hold St. Peter & St. Paul Parish, its leaders, employees and volunteers** liable for damages, losses, diseases, or injuries incurred by the subject of this form.

CONDUCT

I understand that by signing this form I/my child agree(s) to cooperate and participate fully, that I/my child will show respect for the property visited, respect for neighbor, that I/my child will show respect for the law and practice safety skills at all times. By failing to meet this code of conduct, I/my child am/are aware that appropriate action may be taken and arrangements may be made for immediate removal from the event.

PHOTO

I hereby authorize the making of photographs, motion pictures, videotapes, recording, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I hereby waive any rights to compensation or any right that I otherwise might have to limit if to control such making or use.

By checking this box, I **DO NOT** authorize any photos, videotapes or recordings of my child.

PERMISSION

Parent/ Guardian Signature Required
for minors under 18

Date

Signature of Participant Required
(Youth or Adult)

Date