Permission and Insurance Release Form
Please print all contact information clearly

*Student's name*_____
has permission to participate in the Youth Retreat at Holy Family Passionist Retreat Center on
*Retreat's date*_____.
I understand that neither
*Student's Parish Name*_____,
Holy Family Passionist Retreat Center, nor any of their agents are responsible for any injury sustained by my teen. I accept responsibility for any medical expenses as a result of any such injury.

*Emergency Phone Number*_____
*Parent/Guardian Signature*_____
*Date*_____

☐ I do not grant permission to Holy Family Passionist Retreat Center to use this child's name or a photo of this child for public relations purposes, which may include informational brochures, publications, the Retreat Center website and/or social media post?

For Medical Release Purposes

To whom it may concern: As a parent/guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. This release is intended for
*Retreat's date*_____.
This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

*Parent/Guardian Signature*_____*Date*_____

*Home Address*_____
*City*_____
*State*_____
*Zip*_____
*Email Address*_____
*Cell Phone*_____
Allergies, chronic illnesses or other conditions of concern (behavioral, learning, etc) in my absence:_____
_____
_____