

**OUR DIVINE SAVIOR CATHOLIC CHURCH, MEDICAL RELEASE,
AND PARENTAL CONSENT FORM**

EMERGENCY HEALTH / MEDICAL INFORMATION AND CONSENT

In the event of an emergency, I, the undersigned parent/guardian of the child named on this form, hereby give permission to Our Divine Savior Catholic Church, and their employees, agents, representatives, and adult volunteers, to arrange for and authorize emergency medical, dental, or surgical treatment for my child, as considered necessary by the attending physician. I wish to be advised prior to any further treatment by the hospital or doctor.

Family Doctor: _____ Phone: _____
Family Dentist: _____ Phone: _____
Family Health Plan Carrier: _____
Policy Number: _____ Date of last Tetanus Shot: _____

PARENT AGREEMENT / CONSENT

I/we, the undersigned parent or guardian of the child named on this form give permission for my/our child's participation in the activity referred to on this form, and in addition to the Health/Medical Information Consent provisions that we have agreed to above:

- Direct Child to Cooperate: I/we agree to direct my/our child to cooperate and comply with all reasonable directions and instructions from parish staff or adult volunteer leaders.
- Responsibility for Medical Expenses: I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in this activity, whether or not caused by the negligence of the parish, employees, agents, volunteers or other participants.
- Acknowledgment of Risks: I/we understand that in the course of participating in this activity, my/our child may engage in activity that carries a risk of injury to the body, psyche, or property of themselves and others. Such injuries can be caused by other persons, may be accidental or self-inflicted, or may arise from faulty equipment or facilities, existing conditions of recreational facilities, vehicle accidents while in transport during an activity, or through the activity itself.

Accordingly, in consideration for being permitted to participate in the specified activities, to use the equipment provided, and to enter the premises and facilities of Our Divine Savior Catholic Church of Sacramento, for any purpose including observation of and participation in activities, the undersigned parent or guardian, for him or herself and any successors in interest, and on behalf of the minor child, agrees as follows:

1. To release, waive, discharge, and promise not to sue Our Divine Savior Catholic Church, a corporation sole, and its affiliated entities, employees, agents, and volunteers from all liability for any loss or damage, and any claim or demands therefore on account of injury to the body, injury to psyche, or injury to property of the minor child, or to undersigned parent or guardian, whether caused by negligence or other conduct by Our Divine Savior Catholic Church while the minor child, parent, or guardian is participating in the specified activities or in, upon, or about the premises of Our Divine Savior Catholic Church or any of its facilities or equipment.
2. To indemnify and hold harmless Our Divine Savior Catholic Church from any loss, liability, damage, or cost it may incur due to the acts of the minor child, parent, or guardian in, upon, or about the premises of Our Divine Savior Catholic Church, its facilities or equipment, or while participating in any parish, school, or diocesan activities whether caused by negligence or otherwise.
3. That he or she has read this Consent Form and agreement and voluntarily signs it, and that no oral representations, statements, or inducements apart from the contents of this Form have been made.

I have read this Agreement and understand and agree to everything set forth above.

Signature of Parent or Guardian

Date