



SAINT THOMAS AQUINAS PARISH

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Adult Permission Form

<i>Dates</i>	STA Youth Group 9/1/25 - 9/1/26 Inspire Bridgewater 10/10/25-10/12/25 CHWC Trip 7/18/2026-7/25/2026	<i>Locations</i>	STA Youth Group Events Inspire Bridgewater and CHWC North Haledon
<i>Transportation</i>	Local Events 9/1/25 - 9/1/26 Inspire Bridgewater 10/10/25-10/12/25 CHWC Mission Trip 7/18/2026-7/25/2026		

I, _____ irrevocably release from all liability, and hereby agree to indemnify and hold harmless the Parish of St. Thomas Aquinas (STA) of the Roman Catholic Archbishop of Boston (RCAB), both individually and in its capacity as trustee for the benefit of the Roman Catholic Archdiocese of Boston and all parishes within the Archdiocese, and the officers, agents, representatives, volunteers, chaperones, clergy, religious and employees of either STA or RCAB ("Agents") from any and all liability, actions, causes of action, claims, judgments, costs or expenses, including but not limited to attorneys' fees, known or unknown at this time, arising out of or in any way related to any injury or illness or other damages to person or property incurred while participating in the **STA Youth Group, Inspire Bridgewater, and CHWC Mission Trip**. I agree to cooperate with and follow the instructions of the Leaders of STA and its Agents in charge of the activity. In the event I do not cooperate with or follow the instructions of STA or its' Agents, I agree that I shall, at my sole cost and expense, arrange for the immediate transportation from the **STA Youth Group, Inspire Bridgewater, and CHWC Mission Trip** home, if so requested by STA or any of its Agents. I appoint STA or its agents, who are acting as leaders of the activity as my attorney in fact to act for me in my name and on my behalf, in any way that I would, in the reasonable and sole judgment of STA or its agents with respect to the following matters if any injury, illness or medical emergency occurs during the activity:

To give any and all consents and authorizations to any physician, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our attorney in fact shall deem necessary or appropriate for the best interest of my well being. I understand that STA/RCAB and its' Agents will make a reasonable attempt to contact my emergency contact as possible in the event of medical emergency. The powers and authority granted herein may be revoked by written notice delivered in-hand to STA or its agents who are then acting or who have previously acted hereunder. Without such written notice, this power of attorney shall not be affected by my disability, incapacity or adjudicated incompetence. This power of attorney shall lapse automatically upon completion of the activity.

As evidenced by my signature below, STA and its agents, may use my portrait or photograph for editorial purposes and office functions, and hereby release STA and its Agents from any liability resulting from such use. If any change occurs in the information provided with respect to emergency contacts or medical information, the appropriate Agent will be provided with written notification of such change as soon as possible.

I have carefully read this statement, and my signature acknowledges that I fully understand and agree to its content and meaning to attend the **STA Youth Group Events, Inspire Bridgewater, and CHWC Mission Trip**.

Signature _____ Date _____

Home Telephone _____ Cell Phone _____

PLEASE PRINT THE FOLLOWING INFORMATION

Name of person signing this form _____

Email_____

Work phone_____

#1 Emergency Contact (other than yourself)_____

Relationship_____

Phone:_____

#2 Emergency Contact _____

Relationship_____

Phone _____

I will be bringing the following medications:
