

CHRIST Power 2011 (July 10th – July 16th)

Held at Helias High School, 1305 Swifts Highway, Jefferson City

LIABILITY/MEDICAL/PHOTO RELEASE FORM – TEEN PARTICIPANT

Participant's Name: _____ Soc. Sec. #: _____ - _____ - _____ Birth Date: ____/____/____

Year of Graduation: _____ E-mail: _____

Parent(s) or Guardian(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone # (____) _____ Work Phone # (____) _____

Family Physician: _____ Phone #: _____

Allergies and Medical History: _____

Current Medications: _____

PLEASE PROVIDE A COPY OF YOUR MEDICAL INSURANCE CARD

I hereby grant permission for my child to participate in CHRISTpower , to be held on July 10th – July 16th, 2011.

I hereby grant permission for nonprescription medication (such as tylenol, throat lozenges, cough drops, calamine lotion) to be given to my child, if deemed advisable by the Core Staff of CHRISTpower. I relieve CHRISTpower and/or Jefferson City Diocese and its volunteers of all responsibility and consequences that may arise as a result of this treatment.

I will not hold CHRISTpower and/or Jefferson City Diocese and its volunteers liable in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment. My child agrees to abide by all the rules and regulations stated by CHRISTpower and/or Jefferson City Diocese and all staff members representing CHRISTpower and/or Jefferson City Diocese. I understand that CHRISTpower and/or Jefferson City Diocese will not be liable if my child fails to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from the retreat at my expense.

In the event it comes to the attention of the CHRISTpower and/or Jefferson City Diocese and/or the parishes representing CHRISTpower, its officers, directors, agents, volunteers and representatives associated with the retreat, that my child does not abide by the rules set forth stated on the back of this liability form, or becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called, with the knowledge that I may be asked to pick up my child within a reasonable time of the phone call.

I certify that I am a custodial parent or guardian of the child listed above and have the aforementioned rights to said child. I hereby grant the Diocese of Jefferson City Missouri, its employees, agents and assigns permission to use my child's likeness in photographs and/or video in any and all of its publications and in any and all other media, whether electronic, print, digital or electronic publishing via Internet and whether now known or hereafter existing, controlled by the Diocese of Jefferson City, Missouri. I will make no monetary or other claim against Diocese of Jefferson City, Missouri.

I have read all of the above statements and by signing below do agree with and to each of them.

PARENT(S)/GUARDIAN(S) SIGNATURE: _____ **DATE:** _____