

Louisiana Life March

LIABILITY RELEASE FORM

Participant's Name _____ Date of Birth _____

Address _____ Telephone _____

City _____ State _____ Zip Code _____

E-Mail _____

Group Leader's Name: Tammy Vidrine

PARENT/GUARDIAN

I, _____ (name), give permission to my above mentioned son/daughter to attend the "Louisiana Life March" to be held on Saturday, January 22, 2011 from 10 am until noon. If needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice by appropriate health care personnel. I release the Diocese of Baton Rouge, Holy Rosary Catholic Church, and its agents of all responsibility and consequences that may arise as a result of any injury suffered and resulting treatment. 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 of Holy Rosary Youth Office. I understand that the Diocese and Holy Rosary 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 conference at my expense.

Signature of Parent/Legal Guardian _____ Date _____

Family Physician _____ Telephone _____

Allergies _____

Current Medications _____

Medical History _____

IN CASE OF AN EMERGENCY, PLEASE CONTACT:

Name _____

Address _____

Work Phone _____