

**St. Scholastica Youth Group Permission Form**

We the undersigned Parent or Guardian of \_\_\_\_\_

do hereby give our/my permission for my child to participate in

\_\_\_\_\_ sponsored by

\_\_\_\_\_ at St. Scholastica Church in Aspinwall, PA.

In consideration of the agreement of Youth Ministry to allow my/our child to participate in said activity and intending to be legally bound hereby, I/We agree to indemnify and hold harmless St. Scholastica Church and the employees thereof, the Roman Catholic Diocese of Pittsburgh, Most Reverend David Zubik, their successors and legal representatives, against any loss from any and all claims, demands and actions at law or in equity that may hereafter at any time be brought by my child, or anyone acting on behalf of my/our child as a result of, or in any way related to his/her participation in the above mentioned activity, or his/her thereto.

I/We agree that in case of injury to my/our child, I/We will apply our hospitalization and /or accident insurance toward the payment of the expenses incurred and will not look to St. Scholastica Church or the Roman Catholic Diocese of Pittsburgh for the payment of any medical costs or injury related costs.

In witness whereof, I/We execute this Hold Harmless and Indemnification agreement

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Parent or Guardian \_\_\_\_\_

Phone # \_\_\_\_\_

Street Address, State and Zip Code \_\_\_\_\_

Contact person if parent/guardian can not be reached \_\_\_\_\_

phone \_\_\_\_\_

Please note in the space provided if your child has any condition, medical or otherwise that the sponsor should be made aware.

\_\_\_\_\_

\_\_\_\_\_

List medications: \_\_\_\_\_

Any dietary concerns, allergies, etc? \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Group # \_\_\_\_\_ ID # \_\_\_\_\_