

# Holy Family Parish Spring Overnight Retreat

Held at the St. Thecla Retreat House, Billerica, MA  
Saturday, April 28 - Sunday, April 29, 2012  
Meet at Church in Concord Center

## Parent/Guardian Release and Consent Form

This form must be signed and returned to Holy Family Parish. We cannot allow anyone to participate in any of our events without a release form for each event. *Optional fields are in italics.* If you have any questions about this or any event, please contact the Faith Formation office at 978-369-0071.

Participant: \_\_\_\_\_ Home Phone: \_\_\_\_\_ HS Year: \_\_\_\_\_

Address: \_\_\_\_\_ *Birthday:* \_\_\_\_\_

*Participant's E-mail:* \_\_\_\_\_ *Participant Cell Phone:* \_\_\_\_\_

In case of an emergency, please notify: \_\_\_\_\_  
(Name & Phone)

Are there any limitations to the activities of which the participant can take part?

Yes \_\_\_\_ No \_\_\_\_ If yes, please explain \_\_\_\_\_

I, \_\_\_\_\_, give permission for my son/daughter \_\_\_\_\_ to participate in the above named event. I give permission for my daughter/son to be transported in privately owned and/or public vehicles/public transportation to and from Holy Family Parish to and from the event.

In case of medical emergency, I understand that a reasonable effort will be made to contact the parent(s) or guardian(s) of my child. In the event that I cannot be reached, I give permission for my son/daughter to be evaluated, diagnosed, treated and/or medicated by licensed medical personal. In addition, I give permission for the release of any medical records that I provided to Holy Family Parish to medical personnel.

I hereby release and discharge the Roman Catholic Archdiocese of Boston, a Corporation sole, its agents, servants and employees and all priests incardinated to the Roman Catholic Archdiocese of Boston, the St. Thecla Retreat House and the Daughters of St. Paul, Holy Family Parish staff and/or volunteers, from any and all claims and liabilities which the undersigned had, now has or may hereafter have against such parties, especially with respect to claims for personal injury or personal property damage incident to this event and any medical care or treatment provided.

I have read the foregoing, understand, and agree to the same.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_