



# HOLY CROSS YOUTH MINISTRY

## Liability Release and Consent Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent(s)/Guardian(s) Names: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

My health insurance carrier is: \_\_\_\_\_

Name of policy holder: \_\_\_\_\_

Social Security number of policy holder: \_\_\_\_\_

Policy/group/claim number: \_\_\_\_\_

My child's birth date is: \_\_\_\_\_ My child's social security number is: \_\_\_\_\_

Medications/Allergies: \_\_\_\_\_

### In case Parent/Guardian cannot be reached, please call:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ PH: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ PH: \_\_\_\_\_

**Release:** I understand and agree that in consideration of the above-named person being allowed to participate in Holy Cross Youth Ministry Activities, I on behalf of myself, my spouse and my child assume all risks connected with such participation and hereby release, absolve and hold harmless the Bishop of Cleveland, the Roman Catholic Diocese of Cleveland, Holy Cross Catholic Church in Euclid, Ohio and their respective supervisors, employees, organizers, sponsors and/or volunteers (including those associated with Holy Cross Youth Programs) from all claims, causes of action, judgments and liabilities of any nature resulting from or in any way related to the above-named person's participation in Holy Cross Church Youth Ministry Activities.

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Parent/Guardian Signature or Participant's signature if 18 yrs or older \_\_\_\_\_ Date \_\_\_\_\_

**Medical Treatment Consent:** In the event reasonable attempts to contact me have been unsuccessful, I give my permission to provide any medical treatment, care or attention that is required.

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Parent/Guardian Signature or Participant's signature if 18 yrs or older \_\_\_\_\_ Date \_\_\_\_\_

**Refusal to Consent:** I do not give my consent for emergency medical treatment of my son/daughter. In the event of illness or injury requiring emergency treatment, I wish the youth ministers to take no action or to:

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I fully understand what is involved in this experience and the foregoing form, and I understand I have the opportunity to call Mrs. Testa at 216-486-0850 with any questions I may have.

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