

LION OF JUDAH COMMUNITY PERMISSION AND LIABILITY RELEASE FORM

EVENT NAME: Steubenville East Conference

LOCATION: Attleboro MA

DATE(s): July 11-13, 2008

Participants Name _____
Birth Date _____ Phone # () _____
Address _____
City _____ State _____ Zip _____

Group Leaders' Names: Sara Heim, Chrissy Hancock

Parent/Guardian I, _____ (name), give permission to my above-named son/daughter to attend the Franciscan University Festival of Praise (FOP) to be held on the above dates.

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 licensed medical personnel. I relieve the Camden Diocese, Lion of Judah, and group leaders of all responsibility and consequences that may arise as a result of this treatment. I will not hold the Camden Diocese, Lion of Judah, or group leaders 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 the event organizers and Lion of Judah representatives. I understand that the diocese or Lion of Judah Prayer Community will not be liable if my child fails to cooperate with regulations, and that any infraction of the rules may result in an immediate telephone call to parents and a return home at my expense. I also give permission for my child to be photographed throughout the weekend for community albums.

PARENT'S SIGNATURE _____
Family Physician _____
Phone # () _____
Insurance Company/Number _____
Allergies:

Current Medications: _____
Medical History: _____

In case of any emergency, please contact:

Name _____
Address _____
Home (_____) _____ Work/ Cell (_____) _____
Name _____
Address _____
Home (_____) _____ Work/Cell (_____) _____

ONE FORM MUST BE COMPLETED BY EACH PERSON ATTENDING

Phone contact: 609-625-9271

Other Important Information:
