

KNOWING JESUS YOUTH RALLY at St. Michael's Church, Gastonia, NC - August 18-20, 2017  
LIABILITY/MEDICAL RELEASE FORM – YOUTH PARTICIPANT

**ONE FORM MUST BE COMPLETED FOR EACH YOUTH ATTENDING!**

Participant's Name \_\_\_\_\_  
Birth Date \_\_\_\_\_  
Address \_\_\_\_\_  
Year of Graduation \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_  
Email \_\_\_\_\_  
Group Name \_\_\_\_\_  
City/State \_\_\_\_\_  
Group Leader's Name \_\_\_\_\_

**PARENT/GUARDIAN**

I, \_\_\_\_\_ (name), give permission to my above-named son/daughter to attend the Knowing Jesus Youth Rally to be held on August 18-20, 2017 at St. Michael's Church, Gastonia, NC. 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 St. Michael's Roman Catholic Church of all responsibility and consequences that may arise as a result of this treatment. I will not hold St. Michael's Roman Catholic Church in Gastonia, NC 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 rules and regulations stated by St. Michael's Church and the Knowing Jesus youth rally staff. I understand that St. Michael's Roman Catholic Church will not be held liable if my child fails to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from the youth rally at my expense. I give permission to St. Michael's Church to photograph, videotape and/or film my child and to use his or her image in photographs, video, and/or film for the purpose of promoting the mission, activities and programs of the Knowing Jesus Youth Rally. I understand that specific names of any individual participant will not be mentioned with any photos used for these stated purposes. I understand that I and my child are not entitled to any compensation or rights in these materials, and I release St. Michael's Church from any liability for the use of my child's image for the above stated purposes.

SIGNATURE OF PARENT/LEGAL GUARDIAN \_\_\_\_\_ Date \_\_\_\_\_

Family Physician \_\_\_\_\_  
Phone# \_\_\_\_\_

Allergies (be specific) \_\_\_\_\_

Current Medications \_\_\_\_\_

Medical History (be specific) \_\_\_\_\_  
\_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_  
Insurance # \_\_\_\_\_

**In case of emergency, please contact:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone # \_\_\_\_\_  
Work Phone # \_\_\_\_\_