

**Permission to Participate in Holy Week Mission**  
**St. Columbkil Parish**  
**April 12th - April 15th, 2017**

1. **CHILD'S NAME:** \_\_\_\_\_ **CHILD'S BIRTHDATE:** \_\_\_\_\_ **Age** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **PARENT CELL #:** \_\_\_\_\_  
**PARENT'S EMAIL (Neatly):** \_\_\_\_\_ **CHILD'S T-shirt Size (Adult S-XL):** \_\_\_\_\_
2. **NATURE AND DURATION OF ACTIVITIES:** Holy Week Mission: Wednesday, April 12th for 7pm Mass; Thursday, April 12th 4:30pm until Saturday, April 14th at 11:30am; Saturday night at 8pm for the Easter Vigil and celebration. Activities include: Missionaries will collect and pray for the intentions of our parish, we will love our neighbors by delivering Easter cards to the elderly and infirmed, we will participate in all of the scheduled services and masses for the Triduum, watch the Passion of Christ movie, participate in Confession and we will discover a deeper relationship with Jesus. Other activities may be added or removed as the Activity Supervisors see fit.
3. **ACTIVITY SUPERVISOR(S):** Heather Shainline (Director of Youth Ministry), Mary Cris Guerin, Megan Repko and adult volunteer staff who have the appropriate clearances associated with the Diocese of Allentown.
5. **REQUIREMENTS:** My child is in good health and has no physical or medical limitations that would cause the activities as described above to be detrimental or dangerous to my child. Parents/guardians should specify allergies and medical needs in section 9 below **and** on the Diocese of Allentown Medical Release and Liability Form. Both forms must be completed to participate in the Mission events.
6. **CONSENT:** I hereby consent to my child, \_\_\_\_\_, participating in the Holy Week activities described above. I warrant that I have full authority to legally consent to his/her participation in the activities described on this form, and all provisions contained herein.
7. **AUTHORIZATION.** I hereby authorize St. Columbkil Holy Week Mission to use the image and likeness of my child in photograph and/or video form whether taken by or commissioned by St. Columbkil Youth Mission in its promotional materials and for its promotional purposes associated with its nonprofit activities. This authorization shall extend to the use of my child's image and likeness on the St. Columbkil Parish website, Facebook, Instagram or any other parish social media. I understand that this authorization shall survive the end of my child's participation in the activities referenced on this form.
8. **INSURANCE:** I understand that all Holy Week Mission activity supervisors and St Columbkil Parish do not carry any health insurance relative to the activities or for any injury that may occur to the above-named child. I agree that my child is (a) covered by insurance through my own insurance carrier or (b) that I am personally and financially responsible for all medical costs incurred as a result of my child's injury, if any.
9. **EMERGENCIES:** If my child requires any emergency medical procedure or treatment during the Holy Week Mission activities, I consent to the activity supervisor(s) taking, arranging for or consenting to such procedures or treatments in the discretion of the activity supervisor(s). For purposes of such procedures and treatments, my/our child's allergies and other medical problems (if any) are listed below as well on the Diocesan Medical Release form:

**Allergies/Medical Needs (list all):** \_\_\_\_\_

10. **EMERGENCY CONTACTS:** If, in the event of an emergency (medical or other) and I am unable to be reached by telephone at the number(s) listed above, I authorize the activity supervisor(s) to attempt to contact me through the alternate emergency contacts listed below.

**Alternate Emergency Contact Information**

- (1) Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_
- (2) Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

11. **RELEASE AND INDEMNIFICATION:** I release and waive, and further agree to indemnify, hold harmless or reimburse St. Columbkil Parish Holy Week Mission, the individual members, agents, directors, officers, employees, volunteers and representatives thereof, as well as activity supervisors, from and against, any claim which I, any other parent or guardian, any sibling, my child, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses without limitation in time or amount, damages or injuries arising out of, during, or in connection with my child's participation in the activities, the travel to and there from, and the rendering of emergency medical procedures or treatment, if any. I understand that this release and indemnification shall survive the end of my child's participation in the activities referenced on this form and shall have no limitation in time or amount.

I have read and understand the above and agree to all terms and conditions contained therein.

**Parent(s)/Guardian(s) Contact Information**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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