

Cathedral of St. Thomas More Youth Ministry

Trip: Paintball Trip
Location: Hogback Mountain, Leesburg, VA
Date: Saturday, September 24, 2011

Cost: \$60/\$45 (with equipment/without equipment)
Time: 12 Noon – 6:30 p.m.
Due Date: Monday, September 19, 2011

I, _____ (Parent/Guardian), give permission for my youth, _____
_____ (youth), to attend the **Paintball Trip in Leesburg, VA on Saturday, September 24, 2011.**

I understand and acknowledge that participation in the activities involves inherent risks of injury to my youth including risks with transportation by motor vehicle. I will not hold the Cathedral of St. Thomas More, Father Robert Rippey (rector), Mr. Ronnel Cristobal (youth minister), youth ministry volunteers, staff members of the Catholic Diocese of Arlington (CDA) or the CDA itself liable for any medical expenses, lawsuit, or injuries during my youth's participation in any of these activities.

I further give consent that in my absence that the youth may be admitted to any hospital or suitable medical facility for diagnosis and treatment, but will be notified in any case of such injury.

I allow the Cathedral of St. Thomas More permission to use my child's picture or video recording for educational and/or marketing purposes for the Cathedral's Youth Ministry program or Diocesan Office of Youth Ministry. As a policy, any guardians who do not wish their child to be photographed or filmed should notify the Cathedral's Office of Youth Ministry in writing, 24 hours prior to the event.

Youth Full Name _____ Birth Date _____

Address _____

Name of Parent/Guardian _____

Cellular _____ Alt Phone _____

In case of Emergency (other than parent or guardian) _____

Phone _____ Alt Phone _____

Allergies _____

Known Medical Conditions _____

Date of Last Tetanus Shot _____

Physician/Doctor _____

Doctor Phone _____

Insurance Carrier _____

ID# _____

X _____

Parents/Guardian Signature

Date

Printed Name of Guardian/Parent

YOUTH CELL PHONE NUMBER _____

SY 2011-12 MEDICAL RELEASE FORM

_____ (Last Name)	_____ (First Name)	_____ (Middle Initial)	_____ DOB (mm/dd/yyyy)
_____ (Address)		_____ (City)	_____ (State) (ZIP Code)
_____ (Home Phone)	_____ (Youth Cell Phone)		
_____ (Date of Last Tetanus Booster)			
_____ (Mother's Full Name)	_____ (Cell Phone)	_____ (Alternative Phone)	
_____ (Father's Full Name)	_____ (Cell Phone)	_____ (Alternative Phone)	
_____ (Alternative/In Case of Emergency Full Name)	_____ (Cell Phone)	_____ (Alternative Phone)	
_____ (Physician's Name)	_____ (Office Phone)		
_____ (Insurance Carrier)	_____ (Policy Number)		

Allergies: _____

Known Medical Conditions: _____

Medications: _____

I agree and give permission for the staff or volunteers of the Cathedral of Saint Thomas More to give my son/daughter, _____ (print name), aspirin or legal over-the-counter medication. I will be notified when it has been distributed.

Parent's Signature

Parent's Name (Printed)

As the parent/legal guardian of _____ (son/daughter/ward), permission and consent is given that in my absence, the aforementioned youth may be admitted to any hospital or medical facility for diagnosis and treatment, if necessary and when appropriate. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other licensed technicians or nurses, to perform any diagnostic, treatment, operative, and/or x-ray procedures to the minor.

I also indemnify the Cathedral of Saint Thomas More, Rev. Robert J. Rippey (Rector), Mr. Ronnel Cristobal (Director of Youth Ministry), any staff, volunteers, and the Catholic Diocese of Arlington for any costs, liabilities, and expenses arising out of my child's participation in the activities including the cost of any medical health care given to my child as a result of participation in these activities.

To the best of my ability, I have completed the medical information for my son/daughter/ward, _____
_____.

Parent's Signature

Parent's Name (Printed)

Youth's Name

Date

NATIONAL SPORTS ENTERTAINMENT & RECREATION ASSOCIATION

Industry Insurance Programs

• www.nsera.com/paintball

Hogback Mountain Paintball Inc. = HMP

Phone: (703) 777-0057

READ CAREFULLY

WAIVER AND RELEASE OF LIABILITY

In consideration of **HMP** furnishing services and/or equipment to enable me to participate in paintball games, I agree as follows:

I fully understand and acknowledge that; (a) risks and dangers exist in my use of Paintball equipment and my participation in Paintball activities; (b) my participation in such activities and/or use of such equipment may result in my injury or illness including but not limited to bodily injury, disease strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owners, employees, officers or agents of **HMP**; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; and (d) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, employees of **HMP**, or by any other person.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify **HMP** and it's owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of Paintball equipment or my participation in Paintball activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees of **HMP**. This waiver is good through **3/1/2012**.

MEDICAL PERMISSION AUTHORIZATION

If the participant is of minority age, the undersigned parent or guardian hereby gives permission for **HMP** to authorize emergency medical treatment as may be deemed necessary for the child named below while participating in paintball games.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE HMP FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

_____	_____	_____	_____
Print Name	Age	Date of Birth	Phone
_____	_____	_____	_____
Signature	Address	City, State Zip	

Signature of Parent/Guardian (if less than 18 years old) E-mail

Date: _____