

7<sup>th</sup> Grade  
Only!!

**Medical/Liability Release**

**Who: 7th grade youth who would like to walk to St. Henry  
(Rides will be provided in bad weather)**

**Date: Thursdays, January – May, 2008**

**Time: After school**

As a parent or guardian of (please print) \_\_\_\_\_, I request that my child or ward **be allowed to walk from the 7<sup>th</sup> grade center to St. Henry Catholic Church.** I also release the coordinator/s and his/her representatives, and the Catholic Diocese of Tulsa from all responsibility for any liability arising out of any illness or accident which may be sustained by my child/ward while walking to St. Henry. In case of medical or other emergency, I hereby give permission to the physician selected by the coordinator/s of this event, or his/her representatives, to secure medical care and treatment for my child/ward named above. I understand that reasonable efforts will be made to contact me immediately in the event that something unforeseen happens that needs my immediate attention, but if the coordinator or his/her representative are unable to contact me, I hereby authorize them to grant any medical or legal authority which I could grant if personally present in any emergency or urgent situation affecting my child/ward. On behalf of myself, my heirs, assigns, executors and personal representatives, I release, hold harmless and discharge forever the coordinator/s, the Catholic Diocese of Tulsa, employees, sponsors, chaperons, and affiliates from any and all liability, claim, loss, damage, cost, or expense and waive any such claims against any such person or organization arising directly or indirectly from or attributable in any legal way to any action or omission to act of any such person or organization in connection with the organization and execution of the aforementioned youth activity.

**Signature of Parent/Guardian**

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

In case of Emergency notify \_\_\_\_\_ Phone \_\_\_\_\_

Physicians Name \_\_\_\_\_ Phone \_\_\_\_\_

Please list any medical or other conditions that anyone should be aware of in the event of a medical or other emergency \_\_\_\_\_

**Students Only:**

I understand and agree to abide by all the rules given by the appointed adult representatives while a participant at the above mentioned activity. I also understand and agree that I will notify my parents or guardian at the time of any infractions that may require dismissal from the activity.

Signature of Student \_\_\_\_\_