

# St. Gabriel YM Night COSMIC BOWLING

## Event Permission Form

Saturday, September 26, 2009

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Western Bowl 6441 W. Washington Street

Time: 7:00 – 9:00 P.M.

Carpools leave from St. Gabriel back parking lot @ 6:15p.m.

Cost: \$12.00 (includes shoes and 2 games of cosmic bowling)

Participant name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's names: \_\_\_\_\_ Home phone: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies or special health needs we should be aware of? \_\_\_\_\_

### **Liability Release Form – Release of all claims**

**\*\*\*Must be completed by all participants\*\*\***

In consideration of the opportunity for my child to participate and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental in such participation and do hereby release, absolve, indemnify, and agree to hold harmless the Archdiocese of Indianapolis / St. Gabriel Parish, its agents, employees and offices and the chaperon, leaders, organizers and sponsors, and persons transporting our child to and from these activities. Neither the Archdiocese of Indianapolis /St. Gabriel Parish nor any of said persons shall be held financially responsible for any injury, illness, or death incurred as a direct or indirect result of the activity.

I understand that my child may be photographed, unidentified in group situations; and I hereby grant permission for my child to be photographed & identified for releases to The Criterion and/or Archdiocesan website, Parish bulletin boards, and/or other Parish promotions.

We, the undersigned, have read this release and understand all its terms and execute it voluntarily and with full knowledge of the significance.

In the event of an emergency and I cannot be contacted, I hereby authorize that emergency treatment may be administered.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

### **IN CASE OF EMERGENCY CONTACT INFORMATION:**

Alternate Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_ Alternate phone number: \_\_\_\_\_