

Wildwood Closer Walk Retreat July 16-18,2009
FORM B: EVENT SPECIFIC CONSENT AND RELEASE

Diocese of Wilmington Parish/Diocesan Institution Trip/Event Consent and Release

My child (please print full name) _____ has my permission to attend the Wildwood Closer Walk Retreat to be held July 16-18, 2009 in Wildwood New Jersey

I understand that the participants will travel via bus provided by Holy Cross.

I understand that my child will be chaperoned by responsible adults and that he/she will be expected to abide by all rules stated in the Diocese of Wilmington Code of Conduct as well as any additional rules as stated by the Office for Catholic Youth Ministry.

As parent/guardian, I understand that promotional pictures (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, etc.) in highlighting the event.

By my signing this, I release Holy Cross Parish, Holy Cross chaperones, CYM Staff, The Office for Catholic Youth Ministry, additional chaperons, and the Diocese of Wilmington from any and all liabilities and waive all claims against them. I also give my permission for the aforementioned event coordinator and other qualified adults to obtain proper medical treatment for my child should it become necessary.

_____ Insurance Carrier/Policy Number
_____ Address of Insurance Carrier

_____ Medication taken on a regular basis

_____ Emergency Contact Name/Phone
Number

If necessary for my child, the group leader is permitted to administer the following over the counter medications to my child (please be specific and use brand names as only these medications will be administered):

_____ Signature of Parent of Minor

_____ Insurance company phone number

_____ Insurance company address

_____ Medication taken within last two weeks