



## Medical Information and Release Form The Catacombs Haunted House - 2016

I/we, the custodial parent(s)/guardian(s) of (child's name - please print legibly) request that Saint Pascal Parish allow my/our teenager to participate as a volunteer for The Catacombs Haunted House, effective October 14th, 2016 through October 30th, 2016.

I/we hereby release and indemnify The Catacombs staff and volunteers, Saint Pascal Parish, and the Archdiocese of Chicago - a corporation sole - from any and all liability arising from injuries or claims of any kind or nature whatsoever from my/our child's participation in this activity/event.

I/we authorize The Catacombs and Saint Pascal Parish to contact my/our doctor and/or emergency services and to send my/our child to an available hospital, properly accompanied, in the event of an illness or accident if I/we cannot be contacted.

Teen's Name: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

High School: \_\_\_\_\_ Grade #: \_\_\_\_\_

Home Address: \_\_\_\_\_ (please include city, state, and zip code)

Mother's Name: \_\_\_\_\_ Contact Phone: ( )-\_\_\_\_ -\_\_\_\_

Father's Name: \_\_\_\_\_ Contact Phone: ( )-\_\_\_\_ -\_\_\_\_

Emergency Contact: (please include relation) Contact Phone: ( )-\_\_\_\_ -\_\_\_\_

Doctor's Name: \_\_\_\_\_ Contact Phone: ( )-\_\_\_\_ -\_\_\_\_

Insurance Carrier/Number: \_\_\_\_\_

Any Medical Issues: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ /2016