

**OLOG LIFE TEEN  
LIABILITY RELEASE FORM**  
(Updated Fall 2013)

I (parent/guardian's name), \_\_\_\_\_ grant permission for my child, \_\_\_\_\_ to participate in all youth ministry events sponsored by Our Lady of Guadalupe Church, **on or away** from the church property. I allow my child to be transported from OLOG Church to the event by:

(Circle one) Him/Herself, a Core Member, or other \_\_\_\_\_  
(Name of person to transport teen)

I agree on behalf of myself, my heirs, assigns, executors and personal representatives, to hold harmless and defend Our Lady of Guadalupe, the Office of Youth Ministry, the Archdiocese of Mobile, its officers, directors, agents, employees or representatives associated with the event, from any and all liability claims, loss or damage arising from or in connection with my child's participation in the event. In case of an emergency, I hereby give permission to transport my child to a hospital for emergency or surgical treatment. If needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated and/or given medication in accordance with standard medical practice by licensed medical personnel. I relieve the Archdiocese of Mobile of all responsibility and consequences that may arise as a result of this treatment. I agree to accept any and all financial responsibility as a result of scheduling medical treatment. I wish to be advised as soon as possible prior to any further treatment by the hospital or doctor.

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

Parent/Guardian Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Medical Insurance: \_\_\_\_ Yes \_\_\_\_ No Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Current Medications/Drug Allergies/Medical Conditions: \_\_\_\_\_

If I am unable to be reached at the time of the emergency, please contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Other pertinent information: Attach a note for special physical, diet and/or medical consideration.