

**ABBEY YOUTH FESTIVAL
LIABILITY RELEASE FORM**

Participant's Name _____ Date of Birth _____

Address _____ Telephone _____

City _____ State _____ Zip Code _____

School or Group Name _____

Group Leader's Name _____

PARENT/GUARDIAN

I, _____ (name), give permission to my above mentioned son/daughter to attend the Abbey Youth Festival to be held on March 21, 2009. 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 appropriate health care personnel. I release St. Joseph Abbey and St. Joseph Seminary College and its agents of all responsibility and consequences that may arise as a result of any injury suffered and resulting treatment. Further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment.

My child agrees to abide by all the rules and regulations as listed on the "Abbey Youth Festival 2009 Policies and Procedures" sheet as they are enforced by the Festival staff. I understand that St. Joseph Abbey and St. Joseph Seminary College will not be liable if my child fails to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from the Abbey Youth Festival at my expense.

Signature of Parent/Legal Guardian

Date

Family Physician _____ Telephone _____

Allergies _____

Current Medications _____

Medical History _____

IN CASE OF AN EMERGENCY, PLEASE CONTACT:

Name _____

Name _____

Address _____

Address _____

Home Phone _____

Home Phone _____

Work or Cell Phone _____

Work or Cell phone _____

ONE FORM MUST BE COMPLETED BY EACH PERSON ATTENDING!