

Name: _____

Allergies, special diet needs or other conditions: _____

Medication: _____

Health insurance carrier: _____

Group number: _____

Policy number: _____

Name and phone of primary care physician: _____

PARENTAL RELEASE

I, _____, am the parent or legal guardian of _____.

I hereby release St Vladimir's Seminary and its agents and employees from any and all liability for all personal injuries known or unknown that the youth name above may incur due to reasons unrelated but not limited to negligence by participating in activities conducted, sponsored, or associated with the Youth Institute.

In the event of an emergency, I, or my spouse, may be reached at the following telephone numbers:

#1: _____ #2: _____

Also, in the event that I cannot be reached in the case of emergency, I do hereby authorize a physician selected by the coordinator of this event to administer emergency medical treatment including medications, diagnostic tests, surgery or other medical intervention deemed necessary by the physician.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily on behalf of myself and the participant named above and with full knowledge of the significance to bind all persons. In witness thereof, I have signed this release on the date indicated below.

Name: _____
(please print clearly)

Relationship: _____

Signature: _____

Date: _____