

PARENT AUTHORIZATION

I give my permission for my child *I* children to take part in St. Cecilia Religious Education Program. In consideration of the opportunity for my child / children to participate and fully recognizing that such an undertaking involves, an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless the Archdiocese of Seattle, St. Cecilia Parish, its agents, employees, and officers, and the chaperones, leaders, organizers and sponsors, and persons transporting our child *I* children to and from these activities. Neither the Archdiocese of Seattle, St. Cecilia Parish, nor any of said persons shall be held financially responsible for any injury, illness, or death incurred as a direct or indirect result of this activity.

If I cannot be reached, I request that the DRE / Catechist / Youth Minister act in the best medical interests of my child and I agree to assume all expenses for moving and medically treating him / her. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia which may be carried out based on the medical judgment of the attending physician.

I, the undersigned, have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

PARENT/GUARDIAN SIGNATURE _____

Date _____

If parent/guardian cannot be reached, contact:

1) _____ Phone (____) _____

2) _____ Phone (____) _____

Doctor's Name _____ Phone (____) _____