

THE KC TEAM PERMISSION / LIABILITY / MEDICAL RELEASE FORM

PARTICIPANT'S NAME _____

ADDRESS _____ CITY _____

ZIP _____ PHONE _____ ALTERNATIVE PHONE _____

SCHOOL _____ AGE ___ GRADE ___ E-MAIL _____

NATURE OF THE EVENT

I understand that serving as a Kitchen Crew Team member for a COR retreat includes transportation to and from the St. Leonard Youth Retreat Center, and any other transportation my child will use during the COR retreat. I understand that direct supervision of my child will include all formally scheduled Kitchen Crew Team Activities.

PERMISSION

I grant my child permission to participate in the COR Retreat on the weekend of _____ as a Kitchen Crew Team member.

I also grant my child permission to stay overnight at the St. Leonard Youth Retreat Center during the COR retreat on the weekend of _____

I finally consent to have pictures of my child used for the COR website or other COR Retreat promotions.

LIABILITY

I release and discharge the COR Retreat, each of its agents and volunteers, and the Congregation of St. Joseph from any liability whatsoever resulting or arising out of any injury or damage which may occur on account of my child's /my own participation as a COR Kitchen Crew Team member in the COR Retreat or the transportation connected therewith.

MEDICAL RELEASE

In the event that emergency treatment be needed, permission is hereby given to provide whatever treatment be necessary for the applicant. I accept responsibility for any medical bills that may accrue. The COR Retreat or the Congregation of St. Joseph are not responsible for any medical bills incurred on the weekend of _____.

Parent / Guardian or Adult Participant's Signature

Date