



OUR LADY  
OF THE LAKE

Youth Ministry  
Liability Release and Consent Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Grade \_\_\_\_\_

Parent(s)/Guardian(s) Names: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

My health insurance carrier is: \_\_\_\_\_

Name of policy holder: \_\_\_\_\_

Policy/group/claim number: \_\_\_\_\_

My child's birth date is: \_\_\_\_\_

Medications/Allergies: \_\_\_\_\_

**In case Parent/Guardian cannot be reached, please call:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ PH: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ PH: \_\_\_\_\_

**Release:** I understand and agree that in consideration of the above-named person being allowed to participate in Our Lady of the Lake Youth Ministry Activities, I on behalf of myself, my spouse and my child assume all risks connected with such participation and hereby release, absolve and hold harmless the Bishop of Cleveland, the Roman Catholic Diocese of Cleveland, Our Lady of the Lake Catholic Parish in Euclid, Ohio and their respective supervisors, employees, organizers, sponsors and/or volunteers (including those associated with Our Lady of the Lake Youth Programs) from all claims, causes of action, judgments and liabilities of any nature resulting from or in any way related to the above-named person's participation in Our Lady of the Lake Parish Youth Ministry Activities.

\_\_\_\_\_  
Parent/Guardian Signature or Participant's signature if 18 yrs or older Date

**Medical Treatment Consent:** In the event reasonable attempts to contact me have been unsuccessful, I give my permission to provide any medical treatment, care or attention that is required.

\_\_\_\_\_  
Parent/Guardian Signature or Participant's signature if 18 yrs or older Date

**Refusal to Consent:** I do not give my consent for emergency medical treatment of my son/daughter. In the event of illness or injury requiring emergency treatment, I wish the youth ministers to take no action or to:

---

---

I fully understand what is involved in this experience and the foregoing form, and I understand I have the opportunity to call Mrs. Testa at 216-486-0850 with any questions I may have.

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