



**Our Lady of Fatima Catholic Church
Vacation Bible school**

Volunteer Permission and Medical Release Form

Program: Volunteer in vacation Bible school at our lady of Fatima parish is a Week-long commitment from 8:30 a.m. – 12:30 p.m. during the week of **July 17-21st**. This authorization is valid for any and all activities that will be held on the Our Lady of Fatima grounds only, from today's date until August 1st, 2017. Submit by June 30th to guarantee your T-shirt.

If you have any questions or concerns, please email Susie Hattan at sdhatten@att.net

Personal Information:

Full Name: _____

Nick name: _____

Age: _____ Grade entering in the fall: _____ T-Shirt Size: XS S M L XL

Email: _____

Cell Phone: _____

Where would you like to help? (Circle one):

- | | | |
|-----------------------|--|---------------------|
| Group leader -16 yrs. | Group assistant 6 th -8 th | Imagination station |
| Cinema station | Outdoor games | kitchen |
| Photography | Bible station | |

Medical Information:

Family Physician: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Allergies, Medical Problems or Disabilities:

Emergency Contact: _____ Number: _____

Turn over

Volunteers Permission and Release Form

Program: participation in Our Lady of Fatima Parish Vacation Bible School. This authorization is valid for any and all activities that will be held on the Our Lady of Fatima grounds only, from today's date until August 1st.

I, the parent/guardian of _____ hereby give my permission for her/his participation in the above named activity. I agree to direct my child to cooperate and conform to directions and instructions of parish, school, and diocesan personnel responsible for this activity.

As a condition of my child being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations, including, but not limited to, The Roman Catholic Bishop of Orange, a Corporation Sole, and their officers, employees and volunteers from any claims for personal injuries or property damage that s(he) may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damages are caused by negligence, active or passive, or any of the entities, individuals names or described above.

I agree that in the event my child being injured as a result of his/her participation in the above named activity, whether or not caused by the negligence, active or passive, of the parish, school, or diocesan youth activities program, or any of this agents or employees, recourse for the payment of any resulting hospital, medical or dental insurance or any available benefit plans of mine or my spouse. I am aware of any medical condition of my child which would render it inappropriate for him/her to participate in any activity.

I, hereby give permission to the physician, nurse, dentist or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist, or licensed care staff.

I, hereby authorize the making of photographs, motion pictures, video tapes, recordings, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I, hereby, waive any rights to compensation or any right that I otherwise might have limit or to control such making or use.

Parent Signature: _____ Date: _____

Email: _____ Cell Phone: _____

**DON'T FORGET TO SUMMIT THIS FORM BY JUNE 30TH, SO YOU
CAN GET A T-SHIRT!**