

Pilgrimage to Washington, D.C. 2010



“Each of us is *Willed*, each of us is *Loved*, each of us is *Necessary*.”
~ Pope Benedict XVI

**DIOCESE OF ROCKVILLE CENTRE
St. Patrick's Church, Glen Cove
March for Life Pilgrimage**

Parental / Guardian Consent, Release and Indemnification Form

Name of Participant: _____

Sex _____ Date of Birth _____ Age _____

Parent / Guardian's Name _____

Address: _____

Home phone #: _____

Work # _____ Cell # _____

Participant's Social Security Number: _____ (Required for treatment in most Hospitals.)

Medication's and pre-existing conditions:

I, (Parent/Guardian named above), grant permission for my child, (Participant named above), to participate in below-identified event (the “Event”) that requires transportation to and from Event locations. Event-related activities will take place under the guidance and direction of employees and /or volunteers from the Diocese of Rockville Centre (the “Diocese”) and parishes within the Diocese. A brief description of the Event is as follows:

Type of Event: ***March for Life Pilgrimage***

Destination of Event: ***Washington DC***

Individual in Charge: ***Jeffrey Moore (Coordinator, St. Patrick's Respect Life Office)***

Estimated time of Departure and Return: ***Friday, January 22, 2010, A.M.-
Friday, January 22, 2010 P.M.***

Mode of transportation to and from event: ***bus transportation***

Respect Life Office · St. Patrick's Church · 235 Glen Street · Glen Cove, New York 11542 · (516) 676-0276

Further, I hereby grant permission, without reservation, to the St. Patrick's Respect Life Office, and to those authorized by the St. Patrick's Respect Life Office, to transport my child to and from the Event and to and from all Event-related activities. In addition, I hereby grant permission, without reservation, for my child to partake in all Event-related activities, direct or indirect, including, but not limited to, meals, and recreational activities.

I acknowledge and affirm that there are risks inherent in travel and that the Diocese, the St. Patrick's Respect Life Office and the Diocesan Parishes cannot guarantee the personal safety of my child or the safety of my child's property while he/she is participating in the Event or in any Event-related activities, including, but not limited to, travel, transportation, meals, lodging, or recreational activities. I hereby release the Diocese of Rockville Centre, the Bishop thereof, the St. Patrick's Respect Life Office, the parishes/schools/entities of the Diocese of Rockville Centre, and their respective trustees, officers, employees, volunteers and authorized agents, from all claims that I may have relating to injury or damage suffered or incurred by me or my child in connection with the above-described inherent risks.

I hereby grant permission, without reservation, to the Diocese, and to those authorized by the Diocese, to take Event-related photographs and video of my child, and to use them in original or modified form in all media now or hereafter known, with or without name or information, solely for the promotion, public education, and/or fundraising activities of the Diocese or its parishes. I understand and agree that I am entitled to receive no compensation for the above. I release the Diocese of Rockville Centre, the Bishop thereof, the St. Patrick's Respect Life Office, the parishes/schools/entities of the Diocese of Rockville Centre, and their respective trustees, officers, employees, volunteers and authorized agents, licensees and assignees from all claims that I now have or in the future may have, relating to the above. I further agree that the Diocese will be the sole owner of all tangible and intangible rights in the abovementioned photographs with full power of disposition.

As a parent and / or legal guardian of the participant named above, I acknowledge that I remain legally responsible for any actions taken by my child. In addition, I agree to defend, protect, indemnify and hold harmless the Diocese of Rockville Centre, the Bishop thereof, the St. Patrick's Respect Life Office, the parishes/schools/entities of the Diocese of Rockville Centre, and their respective trustees, officers, employees, volunteers and authorized agents from and against each and every claim, demand or cause of action and any liability, cost or expense (including reasonable attorney's fees) arising from or in connection with any bodily injury (including death) to my child or any damage or loss to his or her property caused by or arising out of my child attending the event (except as may be caused by the gross negligence of the person or entity seeking indemnity hereunder) or in connection with any illness or injury or cost of medical treatment in connection therewith.

I fully understand the consequences of the foregoing statements and sign this form knowingly, freely, and willingly. (Your signature must appear below or your child will not be permitted to participate in the March for Life Overnight Pilgrimage.)

Signature of Parent / Guardian _____

Date _____