

Individual YOUTH MEDICAL RELEASE FORM

Our Lady of Good Counsel

Work Camp 2008

As the parent/legal guardian of _____, permission is hereby granted for my son/daughter to go on Group Work Camp 2008 from June 22, 2008 to June 28, 2008 in Youngstown, Ohio. I hereby understand and acknowledge that participation in the activities involves inherent risks of injury to my child including risks associated with transportation by motor vehicle. I voluntarily and without reservation and on behalf of myself, my heirs, and my estate, hereby indemnify, defend and hold harmless the Diocesan employees, volunteers, participating parishes, and the Diocese of Arlington from any and all liability, loss damages, costs, or expenses which are sustained, incurred, or required arising out of my actions in the course of Work Camp, including the cost of any medical care given to me or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by me in the course of my participation in the activity.

I further give my consent that in my absence and ability to be reached by telephone the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment on the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor. I have included all necessary medical information needed in the event of an emergency on the Health Information Form.

I recognize and acknowledge there is no accident coverage nor is there any medical payments coverage available to me in order to compensate me for expenses I incur from deductibles, co-payments, prescription drugs, or medical services not covered through my own health insurance provider(s) for any injury my child sustains as a result of Work Camp. I agree that any medical coverage(s) I have will be primary and under no circumstance will I seek any contribution from the Diocese, Our Lady of Good Counsel Parish, or their insurer, for any medical expenses.

I authorize the Our Lady of Good Counsel to use my child's picture or video recording for educational and/or marketing purposes. Parents/guardians who do not wish their child to be photographed or filmed should so notify the Office of Youth Ministry in writing.

Signed
(parent/guardian): _____ Date: _____

(participant): _____ Date: _____