

**Mt. Olympus - PERMISSION SLIP & RELEASE OF LIABILITY**

In Consideration of Fox Valley Catholic Youth Minister Association arranging for a **Bus trip to Mt. Olympus in Wisconsin Dells** on *Tuesday, June 22<sup>nd</sup>*, 2010 the undersigned parent of \_\_\_\_\_, a minor, hereby releases and agrees to hold harmless Fox Valley Catholic Youth Minister Association, \_\_\_\_\_ (my parish) or any of its advisors, chaperones or persons connected with the event from any liability, claims or damages for personal injury, property loss or other damage which may result during the above event. The undersigned parent consents to the use of likeness in any manner relating to communication production in any media. The undersigned \_\_\_\_\_ hereby agrees to abide by the rules established for the above event.

Dated in the area of Appleton, Wisconsin, this \_\_\_\_\_ day of \_\_\_\_\_ 2010.

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
(Signature of Participant)

**AUTHORIZATION FOR MEDICAL TREATMENT**

I hereby authorize the treatment, administration of anesthesia, and surgical treatment(s) for my minor son/daughter \_\_\_\_\_ in the event of a medical situation occurring during my absence or when the hospital or physician(s) are unable to contact me. This authorization extends to any hospital, physician(s) and nursing personnel within the hospital or employed by the physician as well as any physician and physician's staff where treatment is rendered in the physician's office. I release from medical responsibility and liability the hospital, physician(s) and nursing personnel for performing medical procedures acting on the authority of this medical treatment consent form which such medical providers deem necessary for my minor child.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 2010.  
and valid until the \_\_\_\_\_ day of \_\_\_\_\_ 2010.

\_\_\_\_\_  
( Signature of Parent)

**Please complete the following:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name of Parents \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Work Phone Number of one/both parents \_\_\_\_\_

Insurance Company \_\_\_\_\_ Insurance # \_\_\_\_\_