

SUNDAY, AUGUST 27, 2017 LASER TAG REGISTRATION FORM



I have filled out the online permission slip for the entire year for my teen, \_\_\_\_\_.  
<https://saintrosepb.wufoo.com/forms/s5zv025ofkfvm3/>

**PERMISSION**

The undersigned hereby state(s) that (he/she/they) (is/are) the (parent/parents/guardian) of the above named Participant and have full legal responsibility for the Participant. The undersigned hereby grant(s) permission for the Participant to participate in our **trip by car to Funnigan's (Laser Tag).**

**RELEASE AND INDEMNIFICATION**

**A. Release.** The undersigned on behalf of the undersigned, the Participant, and the heirs, successors and assigns of the undersigned and the Participant, hereby release, hold harmless from any liability, and discharge from all direct or derivative claims, actions, causes of actions, medical expenses, costs, legal expenses, other expenses and all other damages at law or in equity, known or unknown, direct or indirect, choate or inchoate against the Diocese of Toledo, the Parish and all current and former employees, agents, clergy, officers and volunteers of the Diocese of the Parish, arising from the Participant's participation in the Activities named above.

**B. Indemnification.** The undersigned shall indemnify and hold harmless the Diocese of Toledo, the Parish, and all current and former employees, agents, clergy, officers and volunteers of the Diocese of Toledo or the Parish from any claim, liability, suit, judgment, loss, damage, expense, fee or cost (including court costs and attorney fees) arising directly or indirectly from the Participant's participation in the Activities named above.

**Emergency Medical Treatment:** In the event of an emergency, the undersigned hereby give(s) permission to transport the Participant to a hospital for emergency medical or surgical treatment.

**CONSENT FOR RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION**

The undersigned hereby consent to the release of photographs and name of the Participant to be used by the Diocese of Toledo and Saint Rose Parish for future promotional programs of the Diocese and Parish. If you have any questions or concerns, please contact Tom Hagerty at 419-874-4559.

**THE UNDERSIGNED HAS READ, UNDERSTANDS AND HEREBY AGREES TO AND ACCEPTS ALL PROVISIONS IN THIS AGREEMENT**

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_