



WAIVER, RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT

We, _____ and _____, (hereinafter "Parents" or "Legal Guardian"), request that our son/daughter, _____, a member of _____ PARISH, attend _____ on _____.

We hereby grant our permission for our son/daughter to attend this event and we freely and knowingly provide this **WAIVER, RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT** in order to accomplish this purpose.

In consideration of _____ PARISH and the **ROMAN CATHOLIC DIOCESE OF PATERSON'S** acceptance of our son/daughter's registration and attendance at this event at _____ on _____, to the fullest extent of the law, the Parents or Legal Guardian shall indemnify, defend and hold harmless the Most Rev. Arthur J. Serratelli, S.T.D., S.S.L., D.D., Bishop of the Roman Catholic Diocese of Paterson and his successors in office and all employees and agents of the Diocese of Paterson and all affiliated parishes, schools, including, PARISH and institutions from and against any and all claims for bodily injury and/or property damage, damage, losses and expenses, including but not limited to attorney's fees, arising out of the attendance of our son/daughter at this event.

The Parents' or Legal Guardian's agreement to indemnify specifically includes any and all claims, damages, losses and/or expenses resulting from bodily injury or property damage, sickness, disease or death or injury to or destruction of tangible property caused in whole or in part by the negligence of a party indemnified hereunder.

The Parents' or Legal Guardian's insurance is primary over all other available insurance.

We further agree that any and all disputes regarding our son/daughter's registration and attendance at the event on _____, as well as any and all disputes regarding this **WAIVER, RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT** will be resolved by way of submission to binding arbitration through the auspices of the American Arbitration Association.

In signing this release I acknowledge and represent that I have read the following **WAIVER, RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT**, understand it and sign it voluntarily as my own free act; no oral representations, statements, or inducements apart from the foregoing written agreement have been made; I am at least 18 years of age and fully competent; and I execute this release for full, adequate and complete consideration fully intending to be bound by the same.

PARENT

DATE

PARENT

DATE

LEGAL GUARDIAN

DATE

LEGAL GUARDIAN

DATE



DIOCESE OF PATERSON
Health Information and Consent to Treat Form

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

Name of Parent (s)/Guardian(s): _____

Home Phone # _____ Work Phone # _____

Health Insurance Co: _____ Policy: _____

Grade: _____ Birth Date: _____ Male/Female: _____

Parish: _____ Parish City: _____

Are you currently under the care of a doctor, psychologist or psychiatrist? _____

Name of Family Physician: _____ Phone #: _____

Last Tetanus shot: _____ Allergies to Drugs or Food: _____

Do you have special dietary needs or restrictions? _____

Special Medications, blood type or pertinent medical information: _____

I/we have read the foregoing Health Information and Consent to Treat Form and the answers are all correct.

I/we can be reached at the telephone numbers referred to above but if emergency medical care or treatment shall be necessary and if I/we cannot be reached, I/we authorize the delegated agents of the Diocese of Paterson to act on my/our behalf and approve appropriate treatment. I/we understand that I/we remain responsible for my/our child's medical expenses.

_____ Date

_____ Parent or Guardian

_____ Date

_____ Parent or Guardian