

**PARENTAL PERMISSION SLIP AND LIABILITY RELEASE FORM**

Event: Pie Eating Contest  
Location: North Yard, St. Dunstan School Yard, 1133 Broadway Millbrae, CA 94030  
Date of Event: Saturday, October 18, 2014  
Parish Sponsoring event: St. Dunstan Parish

Individual(s) in charge of and responsible for event: Fr. Diarmuid Casey, Marvin Laubacher, Michelle Jackson, Ann Woolen

To Whom it may concern: The undersigned parent(s)/legal guardian give permission for our (my) child \_\_\_\_\_ to attend and participate in the above described event.

We (I) understand that this event will take place at a location on the parish/school grounds, and that our (my) child will be under the supervision of the above designated individual(s). In case of a medical or dental emergency, we (I) give our (my) consent and authorization for any necessary treatment, to include treatment by a licensed physician or dentist and transfer to any hospital reasonably accessible.

The following information is provided for any licensed physician, dentist, or hospital not having access to our (my) child's medical history:

Allergies: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Physician phone number: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy number: \_\_\_\_\_

In case of an emergency, we (I) can be reached by phone at

Home: \_\_\_\_\_, Work: \_\_\_\_\_ Other: \_\_\_\_\_

(neighbor, friend)

We(I) shall be liable for and agree to pay all costs and expenses incurred in connection with any medical or dental treatment rendered pursuant to this authorization. Further, should it be necessary for our (my) child to return home due to medical reasons, disciplinary action or otherwise, we (I) agree to pay transportation costs.

Finally, in consideration for our(my) child's participation in this event, we(I) release, discharge and agree to hold harmless the Roman Catholic Archdiocese of San Francisco, its agents and employees from any and all liability, claim or demands for personal injury, illness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by us and/or our(my) child while our(my) child is participating in the event (including transportation to and from the event), hereby assuming all risk of personal injury, illness, death, damage and expense as a result of participation in this event. We (I) have fully read this form and sign voluntarily with knowledge of its terms and conditions.

\_\_\_\_\_  
Mother                      Date

\_\_\_\_\_  
Father                      Date

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

Date received: \_\_\_\_\_ By \_\_\_\_\_