

**OLS-SA YOUTH GROUP
PERMISSION AND LIABILITY RELEASE FORM
RELEASE OF ALL CLAIMS**

The undersigned do hereby release, forever discharge and agree to hold harmless OUR LADY OF SORROWS/ST. ANTHONY CHURCH and its respective members, directors, employees, advisors, volunteers and agents (collectively, the "Indemnities") from and against any and all liability, claims, demands, lawsuits, and expenses of any kind arising from personal injury, sickness, death, or property damage of any kind whatsoever which may be incurred or suffered by the undersigned and/or participant (if any participant is under 18, 18 or older).

The undersigned further agree to indemnify and hold OUR LADY OF SORROWS/ST. ANTHONY CHURCH and its respective members, directors, employees, advisors, volunteers and agents (collectively, the "Indemnities") harmless from and against any and all claims, demands, actions, lawsuits, and liabilities, including attorney fees and expenses sustained by the Indemnities as a result of negligent, willful or intentional acts of the undersigned and/or participant (if participant is 18 or under, 18 or older).

If participant is less than 18 years of age:

I (We) the parent(s) or legal guardians of the participant, _____ do hereby grant permission for him/her to participate fully in this activity and hereby give permission to OUR LADY OF SORROWS/ST. ANTHONY'S CHURCH to provide transportation if necessary by an adult and/or licensed minor driver and to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery and we fully and completely assume all responsibility for all medical bills.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I (We) assume all responsibility and transportation cost.

Name of Activity: _____

Location: _____

Date of Activity: _____

All participants must sign this form. If participant is under 18, parent(s) or legal guardian(s) must sign.

NAME _____

Age _____

ADDRESS _____

Phone _____

CITY, STATE, ZIP _____

Parent(s) or Legal Guardian

SIGNATURE _____ **DATE** _____

Participant's Signature (if 18 or older)

SIGNATURE _____ **DATE** _____

IN CASE OF EMERGENCY – CONTACT:

Name _____

Phone # _____

Address _____

Relationship to Participant(s) _____