

Ss Peter & Paul & Assumption BVM Ukrainian Catholic Churches
Permission Form and Medical & Liability Release

Name:	Parent/Guardian Name:
Address:	Home/Cell Phone:
City/State/Zip:	Work Phone:

I (we) _____ remain legally responsible for my personal actions during Ss. Peter & Paul & Assumption BVM Summer Camp scheduled to take place August 7-11, 2017.

I agree to RELEASE AND HOLD HARMLESS AND INDEMNIFY the Most Reverend Stefan Soroka, Metropolitan-Archbishop of the Ukrainian Catholic Archeparchy of Philadelphia, the Metropolitan Archeparchy of Philadelphia, Ss Peter & Paul Parish 131 N. Beech St., Mount Carmel, PA, Assumption of the Blessed Virgin Mary Parish 536 S. Center St, Centralia, and all their agents and employees from any liability, claims, demands, and causes of action arising out of or relating to any loss, damage or injury sustained in connection with the participation in the summer camp.

I hereby give permission to any staff person/chaperone to obtain medical care from a licensed physician, hospital, or medical or dental clinic for the participant. I assume the responsibility for all medical expenses and transport fees incurred.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all transportation and such costs.

Signature

Date