

****Please note: Signature on this form must be notarized**

Permission/Medical Release Form

This is to certify that I _____ am willing to participate in _____ sponsored by _____ on _____.

I understand that the event will take place in _____. I agree to defend, indemnify and hold harmless the Diocese of Victoria, its' clergy, officers, agents, employees and volunteers from any claims, costs or expenses for property damages, personal injuries or other damages arising out of my participation in the above mentioned activity.

In case of an emergency, I give my approval and authorization for an adult representative of the _____ to sign for medical treatment by a physician and/ or hospital designated _____ of the Diocese of Victoria in Texas, if I am unable to do so.

Date

Signature

<p>The State of Texas County of _____</p> <p>This instrument was acknowledged before me on _____, 2010</p> <p>_____ Notary Public</p> <p>_____ Printed Name</p> <p>My commission expires on: _____</p>

Please fill out the information below:

Name _____ Age _____ Sex _____

Address _____ Home Phone (_____) _____

City/State/Zip _____

Date of Birth _____

Parish/City _____

This form is to be used in addition to the detailed medical form (Form D) for out-of- state trips.