



Medical Information and Release Form The Catacombs Haunted House - 2015

I/we, the custodial parent(s)/guardian(s) of (child's name - please print legibly) request that Saint Pascal Parish allow my/our teenager to participate as a volunteer for The Catacombs Haunted House, effective October 9th, 2015 through October 30th, 2015.

I/we hereby release and indemnify The Catacombs staff and volunteers, Saint Pascal Parish and School, and the Archdiocese of Chicago - a corporation sole - from any and all liability arising from injuries or claims of any kind or nature whatsoever from my/our child's participation in this activity/event.

I/we authorize The Catacombs and Saint Pascal Parish to contact my/our doctor and/or emergency services and to send my/our child to an available hospital, properly accompanied, in the event of an illness or accident if I/we cannot be contacted.

Teen's Name: _____ Date of Birth: ___ / ___ / ___

High School: _____ Grade #: _____

Home Address: _____ (please include city, state, and zip code)

Mother's Name: _____ Contact Phone: ()-____ -____

Father's Name: _____ Contact Phone: ()-____ -____

Emergency Contact: (please include relation) Contact Phone: ()-____ -____

Doctor's Name: _____ Contact Phone: ()-____ -____

Insurance Carrier/Number: _____

Any Medical Issues: _____

Parent or Guardian Signature: _____ Date: ___ / ___ /2015