



### RELEASE OF LIABILITY AND MEDICAL RELEASE

As parent and/or legal guardian I remain legally responsible for any personal actions taken by the above-named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Catholic Diocese of Richmond, its employees and agents, chaperones, or representatives associated with this event from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese, its employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the Diocese.

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, I give permission for the noted emergency contact to be notified. I will not hold the Diocese of Richmond responsible for authorizing any medical treatment beyond necessary transportation to the hospital.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### USE OF PICTURES AND/OR VIDEO

I give permission for pictures and/or video of my child (named above) engaged in activities related any parish event to have their pictures posted in the Diocese of Richmond and/or St. Thomas More Catholic Church publications or websites. Names of participants **will not** be used without expressed permission from the parent or guardian. If no box is checked below, the Diocese of Richmond/St. Thomas More Catholic Church assumes you give permission.

YES  NO Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Group Assignments

If possible, may my youth be in the same small group (5-member group) as their friend and/or sibling:  
(Please list the friend/siblings' name)

\_\_\_\_\_  
If possible, may my youth be in the same traveling group (comprised of 3 small groups) as their sibling(s):  
(Please list the siblings' name)

I prefer that my youth are not in the same small group, or even the large traveling group.

### **Registration Fees:      \$20 / participant; \$60 / max per family**

Cash (amt: \_\_\_\_\_)  check # \_\_\_\_\_ (amt: \_\_\_\_\_)  online (amt: \_\_\_\_\_)  Willing to sponsor a child (amt: \_\_\_\_\_)

**Please note:** No youth is denied enrollment in VBS due to inability to pay the registration fees. There are scholarships for anyone who has financial hardships. Please see Trish Pabis [relformation@stmva.org](mailto:relformation@stmva.org), to discuss your individual situation in confidence.