

**Together In Christ Collaborative of
St Ann's and St' John's
Parental/Guardian Permission Slip**

RELEASE AND INDEMNIFICATION AGREEMENT

I, _____ the lawful parent or guardian
of _____ ("my child") on behalf of myself and my child, irrevocably
release from all liability to the fullest extent permitted by the law, and hereby agree to indemnify, defend and
hold harmless the Roman Catholic Archbishop of Boston, a corporation sole, its officers, agents,
representatives, volunteers, chaperones, clergy, religious and employees including any and all parishes and
ministries thereof (**collectively, "RCAB"**), from and against any and all liability, demands, actions, causes of
action, claims, judgments, cost and expense, including but not limited to attorneys' fees, known or unknown at
this time, arising out of or in any way related to any injury, illness, loss or other damage to person or property
incurred: (a) by my child and/or myself while participating in or traveling to or from, or in any way arising out
of, the following event or activity: **We will travel via School busses to and from St Mary's LifeTeen
Mass, Hanover, Ma, November 21, 2021, 4:30 PM-8:00PM**, and/or (b) by any other person
sustaining or alleged to have sustained any injury, illness, loss or expense, including attorneys' fees, by reason
of my child's or my negligent or wrongful act or omission.

MEDICAL AUTHORIZATION

In my absence, I appoint RCAB or its agents as my lawful attorney-in-fact, to act for me in my name and stead
and on my behalf, in any way that I would, in the reasonable and sole judgment of RCAB be expected to act if I
were personally present, with respect to any injury, illness or medical emergency occurs during the activity.

I authorize RCAB or its agents to give any and all consents and authorizations to any physician, dentist, hospital
or other persons or institutions pertaining to any emergency medications, medical or dental treatments,
diagnostic or surgical procedures or any other first aid and/or emergency actions as our attorney-in-fact shall
deem necessary or appropriate for the best interest of my child/ward. I understand that RCAB through its agents
will make a reasonable attempt to contact me as soon as reasonably possible in the event of medical emergency
involving my child/ward.

I understand and agree that RCAB is not and shall not be responsible for assuring that my child/ward takes any
medication, prescription or otherwise, which may be indicated for my child/ward. There are no medical
conditions, nor any life-threatening allergies to foods or medicines, that would limit my child/ward's full
participation in the activity or require any special precautions except as I list here:

(please list any allergies or medical conditions below)

List any current medications and dosage (prescription and over-the-counter) that the RCAB might need to know
about should an emergency arise here:

If any change occurs in the information which I have provided with respect to emergency contacts or medical information I shall provide immediate written notification of such change to the RCAB.

As evidenced by my signature below, RCAB and/or an agent thereof may use my child/ward's portrait or photograph for promotional purposes related to the advancement and development of the ministry of the Roman Catholic Church and the Archdiocese of Boston, and I hereby release, indemnify and agree to defend under the provisions above the RCAB and its agents from any and all liability, loss, damage and expense, including attorneys' fees, resulting from such use.

By signing below, I verify that I have carefully read and understand this statement and that I am signing it freely and voluntarily in consideration of the RCAB's agreement and allow my child/ward to participate in this voluntary activity, trip or event.

Signature of Parent or Guardian: _____ Date _____

Signature of child: _____ Date _____

PLEASE PRINT THE FOLLOWING INFORMATION

Name of person signing this form: _____

Name of child: _____

Date of Birth of child: _____

Complete Address: _____

City, State, Zip Code: _____

Parent/Guardian Phone –Cell: _____ Home: _____

Work: _____

#1 Emergency Contact (other than yourself): _____

Relationship _____

Phone - Cell: _____ Home: _____ Work: _____

Family Doctor's Name: _____ Phone: _____

Child's Health Insurance Provider: _____

Membership Number: _____

Name of Parish/ & Town: _____