

Parents/Guardian Information:

Name: _____ Relation to child: _____

Address: _____

Home Phone #: _____ Cell: _____

Email: _____

In the event of an emergency, if you are unable to reach Parents/Guardian at the above numbers, please contact the following:

Name: _____ Relation to child _____

Telephone: _____

I hereby give permission for my youth (fill in youth's name) _____ to participate in the 3-day March for Life Pilgrimage to Washington, D.C. from Thursday, January 18, until Saturday, January 20, 2018. I hereby release and indemnify St. James at Sag Bridge Church in Lemont, IL, a Corporation Sole, its staff and volunteers from liability arising from claims of any kind or nature whatsoever from my teen's participation in this event.

I understand that if my teen violates any laws regarding possession of alcohol or drugs or disregards the rules and guidelines governing the event, I will be called to make arrangements for my teen to leave the event, at my own expense.

In the event that the undersigned cannot be reached and in the judgement of the responsible adults accompanying the group, there is a necessity for immediate medical examination and/or treatment of my teen, I hereby authorize any of the aforesaid personnel to obtain medical service as are deemed necessary for my teen.

I grant permission for the adult chaperone for this event to administer non- prescription drugs as needed for my teen (aspirin, ibuprofen, antacid, etc.) Yes No

I understand that for all St. James activities there is a zero tolerance policy for any mood altering chemicals (including alcohol and illegal drugs), foul language, threats or any type of abuse and inappropriate physical contact. I agree to follow this policy.

I grant permission and authorize St. James, the Archdiocese of Chicago and the Archdiocese of Washington D.C. to use photographs/videos of my child for promotion, publications, etc.

Parent/Guardian Signature: _____ Date: _____

Participant's Signature: _____ Date: _____