

**ST. MARK Catholic Church**  
**9970 Vale Rd. Vienna, VA 22181**  
Date: October 21, 2018 Time: Noon – 8 pm

\$25 per person...  
PLEASE DROP OFF  
YOUTH & PICK UP AT  
HOLY FAMILY STATUE

**Activity: High School RALLY**

(Location: Bishop O'Connell HS – 6600 Little Falls Rd in Arlington)

**Permission Form**

Participant's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ School: \_\_\_\_\_

Grade in **'18-'19** School Year: \_\_\_\_\_ Parent E-mail Address \_\_\_\_\_

**Participant's Commitment:**

I hereby make a personal commitment to abide by the standards of conduct established by ST. MARK Catholic Church and its representatives.

\_\_\_\_\_, Signature of Participant

**Parental Permission and Liability Release:**

As parent/legal guardian of the participant named above, I (we) do hereby give my (our) permission for him or her to participate fully in the event described above. I (we) do for myself (ourselves) and for and on behalf of my (our) child (referred to here as "participant") do release, forever discharge and agree to hold harmless ST. MARK Catholic Church, its directors, employees, and agents thereof from any and all liability, claims, and demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned or the participant resulting from said participant's involvement in the above described event (including transportation between the participant's home, ST. MARK Catholic Church, and the event location). Furthermore, I (we) on behalf of the participant hereby assume all risk of personal injury, sickness, death, damage, and expenses resulting from said participant's involvement in the above described event. Further, authorization and permission are hereby given to ST. MARK Catholic Church, its directors, employees, and agents thereof to furnish any necessary transportation, food, or lodging for the participant while he or she is involved in the above described event including taking and using my child's picture or video recording for educational and/or marketing purposes including Facebook. I (we) hereby authorize ST. MARK Catholic Church, its directors, employees, and agents thereof to admit the participant to a doctor, hospital, or other licensed health care provider for medical treatment and assume full responsibility for all costs of such treatment. Further, should it be necessary for the participant to return home due to medical, disciplinary, or other reasons I (we) do hereby assume responsibility for the participant's transportation home and any costs related thereto.

\_\_\_\_\_  
Parent Signature

Any medical conditions/allergies? Yes / No

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_  
Emergency Contact Phone # / Daytime Phone