

Catholic Committee on Scouting
Catholic Scout Retreat
Archdiocese of Boston
Parental/Guardian Permission Form

RELEASE, INDEMNIFICATION AGREEMENT AND MEDICAL POWER OF ATTORNEY

I, the lawful parent or guardian of _____ ("my child") irrevocably release from all liability, and hereby agree to indemnify and hold harmless the Roman Catholic Archbishop of Boston, both individually and in his capacity as trustee for the benefit of the Roman Catholic Archdiocese of Boston and all parishes within the Archdiocese, and the officers, agents, representatives, volunteers, chaperones, clergy, religious and employees of either the Archdiocese of Boston or any parish or youth ministry thereof ("Agents") from any and all liability, actions, causes of action, claims, judgments, cost or expenses, including but not limited to attorneys' fees, known or unknown at this time, arising out of or in any way related to any injury or illness or other damages to person or property incurred by my child while participating in **the Annual Catholic Scout Retreat**.

I agree to instruct my child to cooperate with and follow the instructions of RCAB and its Agents in charge of the activity. In the event my child does not cooperate with or follow the instructions of RCAB or its' Agents, I agree that I shall, at my sole cost and expense, arrange for the immediate transportation of my child from the **Annual Catholic Scout Retreat** to my custody, if so requested by RCAB or any of it's Agents.

I appoint RCAB or its agents, who are acting as leaders of the activity as my attorney in fact to act for me in my name and on my behalf, in any way that I would, in the reasonable and sole judgment of RCAB or its' agents, be expected to act if I were personally present, with respect to the following matters if any injury, illness or medical emergency occurs during the activity:

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 emergency actions as our attorney in fact shall deem necessary or appropriate for the best interest of my child.

I understand that RCAB and its' Agents will make a reasonable attempt to contact me as soon as possible in the event of medical emergency involving my child.

The powers and authority granted herein may be revoked by written notice delivered in-hand to RCAB or its' agents who are then acting or who have previously acted hereunder. Without such written notice, this power of attorney shall not be affected by my disability, incapacity or adjudicated incompetence. This power of attorney shall lapse automatically upon completion of the activity.

As evidenced by my signature below, RCAB and its' agents, may use my child's portrait or photograph for editorial purposes and office functions, and hereby release RCAB and its Agents from any liability resulting from such use.

I **GIVE** permission _____

I **DO NOT** give permission _____

If any change occurs in the information provided by the parent or guardian with respect to emergency contacts or medical information, the appropriate Agent will be provided with written notification of such change as soon as possible.

I understand and agree that RCAB and its agents are not and shall not be responsible for assuring that my child takes any medications, prescription or otherwise, which are indicated for my child.

(OVER)

I have carefully read this statement, and my signature acknowledges that I fully understand and agree to its content and meaning. I give my permission for my child to attend the Annual Catholic Scout Retreat.

Signature of Parent or Guardian_____

Signature of my child_____

Date_____

Home Telephone_____Cell_____

PLEASE PRINT THE FOLLOWING INFORMATION

Name of person signing this form_____

Email_____

Name of my child_____

Date of Birth of my child_____

Complete Address_____

City, State, Zip Code_____

Parent or Guardian cell phone_____

#1 Emergency Contact (other than yourself)_____

Relationship_____

Phone:_____Cell_____

#2 Emergency Contact_____

Relationship_____

Phone:_____Cell_____