

**ARCHDIOCESE OF AGANA  
 PERMISSION WAIVER AND RELEASE & CONSENT FOR TREATMENT FORM  
 FOR PARISH/SCHOOL ACTIVITY/EVENT**

**To the Parent/legal guardian:** This is an agreement releasing the sponsoring parish/school before, during and after the activity/event. This form is also authorization for the adult supervisor to consent to any medical care needed by the minor, if the situation should arise.

This agreement releases the ROMAN CATHOLIC ARCHBISHOP OF AGANA, GUAM, A CORPORATION SOLE, also known as the ARCHDIOCESE OF AGANA which will be referred to as the ARCHDIOCESE OF AGANA throughout this document, from any claims that the parent/guardian may have against the ARCHDIOCESE OF AGANA.

Activity/Event:	
Activity/Event Sponsor:	
Activity/Event Date:	Activity/Event Start Time:
Activity/Event Location:	Activity/Event Pick-up Time:
Mode of Transportation:	Activity/Event Cost to Participant:

I, \_\_\_\_\_ (name of parent or legal guardian) parent or legal guardian of \_\_\_\_\_ (name of child) hereby give my permission for my child to participate in the activity/event named above. I agree to direct my child to cooperate and conform with directions, instructions and rules established by the chaperones, parish, school or archdiocesan personnel responsible for the above mentioned activity/event. In exchange for permitting my child to participate in the above named activity/event, to the extent permitted by law, I waive all claims for damages which I may have, or which may hereafter accrue to me or my child against the ARCHDIOCESE OF AGANA, for death, personal injuries, and losses or injuries to property, real or personal, caused by or arising out of the above named activity/event. It is further understood and agreed that this agreement, waiver and release is to be binding on my successors, heirs and assigns.

In addition, to the extent permitted by law, I release and discharge in advance the ARCHDIOCESE OF AGANA and its officers, agents, employees, from any and all liability relating to the above named activity/event. I agree and understand that transportation may be provided in such form and at the discretion of the ARCHDIOCESE OF AGANA.

My child is physically fit and capable of participation in this event. I authorize a representative of the ARCHDIOCESE OF AGANA into whose care the above named minor has been entrusted, to consent to and permit any and all necessary medical services for my child to be rendered to him/her under the general or special supervision and upon the advice of a licensed physician and surgeon, to consent to and permit any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care rendered to my child by a licensed dentist. I hereby give the representative of the ARCHDIOCESE OF AGANA permission to use his/her judgment in obtaining medical services. I agree if medical services are required for my child, the ARCHDIOCESE OF AGANA will not be responsible for any medical expenses. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the above-mentioned diocesan representative to give specific consent to any and all such diagnosis, treatment or hospital care that the above mentioned physician in the exercise of his/her best judgment may deem advisable. I hereby authorize any hospital which has provided treatment to the above named minor to surrender physical custody of such minor to the archdiocesan representative upon the completion of treatment. This authorization shall be in effect during all time that my child is under the supervision of the ARCHDIOCESE OF AGANA for the above mentioned activity/event and shall remain effective until the minor returns from the activity/event and is no longer under the supervision of the ARCHDIOCESE OF AGANA.

\*\*\*\*\*  
**This waiver and release form is signed in order to participate in the above named activity/event for my child's own personal enjoyment and benefit and is done freely with full knowledge of the risk and dangers that are or may be involved. I, the undersigned, have read this release and understand all its terms. I execute this voluntarily and with full knowledge of its significance. I have discussed the above with my child and he/she is aware of and understands the importance of following all rules set out by the supervisor(s).**

**Signature of Parent/Guardian:**

**Date:**

Please provide the following information:

Child's Name:

Date of Birth:

Male  Female

Allergies (foods, drugs, insects, etc.):

Medications (Please check one):  No  Yes, my child is under medication.

Other information (injuries) or special health/physical conditions:

**Health Insurance Information:**

Insurance Carrier (Dependent Coverage):

Name of Policy Holder:

Policy Number:

**Parent/Guardian Contact Information:**

Mother's

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian's

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Person(s) to notify in case of an emergency:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Persons Authorized to Pick-Up Child:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_