

RELEASE AND CONSENT

(all events)

This release and consent made this _____ day of 20____, in Lincoln, Lancaster County, Nebraska, by the undersigned releaser.

IN CONSIDERATION of permission granted to our/my child (name)_____ by the St. Peter’s Godteen Program to participate in all events and activities involving my child, I hereby release and discharge the St. Peter’s Godteen Program and the St. Peter’s Parish, both of the Lincoln, Lancaster County, Nebraska, their agents, employees, and officers from all claims, demands, actions, judgments, and executions which the undersigned of their child (name) _____ ever had, or now has, or may have or which the undersigned’s heirs, executors, administrators, personal representatives, or assigns may have, or claim to have, against the St. Peter’s Godteen Program, the St. Peter’s Parish, or either of them or their successors or assigns for all injuries, personal or otherwise, known or unknown, and injuries to property, real or personal, caused by or arising out of, the events and activities. The undersigned further consent that, should the above-named child require immediate medical attention for any reason while participating in any of the events, any doctor or hospital selected has the authority to provide any treatment deemed necessary. The undersigned have read this release and consent, understand all its terms, and execute it voluntarily with full knowledge of its significance.

Dated this ____ day of _____, 20_____.

Daytime Phone #

Father

Night time Phone #

Mother

Teen