



Liability Release and Permission to Treat
Please Print All Information

I, _____, the parent/guardian of (list names of all children):

release from any liability The Eparchy of Our Lady of Lebanon, Our Lady of the Cedars Maronite Catholic Church, the priest, staff, teachers and all volunteers including medical volunteers.

I understand that I will be responsible for any medical treatment that may be necessary for my child while on Church Property or while participating in off-site parish sponsored activities.

I also authorize the priest, parish staff, and volunteers to administer any first aid and medical treatment that may be necessary in case of an emergency until I can be contacted.

Signature

Date

2022-23 INSURANCE INFORMATION

Valid for MYO, MYKids and CCE Participants

PARENTS: To ensure your child's safety in an emergency situation, it is imperative that the following information is on file at the church BEFORE YOUR CHILD MAY ATTEND ANY ACTIVITY. This form will accompany your child each time he/she leaves the church property for any reason and will ensure our being able to act on your behalf in an emergency situation when neither parent nor the emergency contact listed is able to be reached.

FAMILY LAST NAME: _____

Mother's Full Name: _____ **Mother's Cell#** _____

Father's Full Name: _____ **Father's Cell#** _____

ADDRESS: _____

_____ TX _____
City Zip Code

STUDENT: _____
Last First Middle

GRADE: _____ **DATE OF BIRTH:** _____
Month Day Year

STUDENT: _____
Last First Middle

GRADE: _____ **DATE OF BIRTH:** _____
Month Day Year

STUDENT: _____
Last First Middle

GRADE: _____ **DATE OF BIRTH:** _____
Month Day Year

STUDENT: _____
Last First Middle

GRADE: _____ **DATE OF BIRTH:** _____
Month Day Year

STUDENT: _____
Last First Middle

GRADE: _____ **DATE OF BIRTH:** _____
Month Day Year

A. I/WE HAVE HEALTH INSURANCE AS FOLLOWS: (If you checked this line, please complete and sign below).

NAME OF EMPLOYER IF COVERED UNDER COMPANY POLICY: _____

HEALTH INSURANCE COMPANY: _____

GROUP/ID POLICY NUMBER: _____

I understand that in the event of a serious accident or illness, Our Lady of the Cedars will try to contact one or both parents. If neither one is able to be reached, I understand that the staff will try to reach the emergency contact and physician listed on my family's Emergency Card and to follow their instructions. If it is impossible to reach the physician, Our Lady of the Cedars may take whatever arrangements seem necessary.

I release Our Lady of the Cedars, and I agree to protect, defend, indemnify, and hold harmless such parties from and against any and all losses, liabilities, expenses, and causes of action for personal injury or illness arising out of or resulting from, at any time, directly or indirectly, my child's/children's participation in Our Lady of the Cedars activities, on and off church property.

Parent Signature: _____ Date: _____

Daytime Phone Number(s): _____

B. I/WE HAVE NO HEALTH INSURANCE: (If you checked this line, please complete and sign below).

My child/children, listed on the front of this page, is/are not covered under my health insurance policy. I understand that in the event of a serious accident or illness, Our Lady of the Cedars will try to contact one or both parents. If neither one is able to be reached, I understand that the staff will try to reach the emergency contact and physician listed on my family's Emergency Card and to follow their instructions. If it is impossible to reach the physician, Our Lady of the Cedars may take whatever arrangements seem necessary.

However, because my child/children is/are not covered under any health insurance, I understand that my child/children would, in the event emergency room/hospital care is necessary, be taken to the nearest emergency room/hospital, and consequently, I release Our Lady of the Cedars, and I agree to protect, defend, indemnify, and hold harmless such parties from and against any and all losses, liabilities, expenses, and causes of action for personal injury or illness arising out of or resulting from, at any time, directly or indirectly, my child's/children's participation in Our Lady of the Cedars activities, on and off church property.

Parent Signature: _____ Date: _____

Daytime Phone Number(s): _____

Media Release Form
2022-2023

I hereby grant permission to Our Lady of the Cedars Church, to allow my child/children to be photographed/interviewed.

It is my understanding that this photograph/interview or portions thereof will be used for public view.

I agree to participate in this project without financial remuneration, and I understand that this releases Our Lady of the Cedars Church and the Eparchy of Our Lady of Lebanon of LA from any future claims as well as from any liability arising from the use of said photograph/interview. I understand from time-to-time the church may wish to publish examples of student projects, photographs and interviews of students, and other work on the Internet Accessible World Wide Web Server.

NAME OF CHILD/CHILDREN: _____
(Please print)

SIGNATURE OF PARENT OR GUARDIAN: _____

DATE: _____