

PERMISSION TO TRANSPORT MINOR CHILDREN

We, _____ and _____
Father Mother
Parents of _____ hereby consent to our child's(ren's)
Children

participation in the "St Isidore Cabrini Pilgrimage" to the Mother Cabrini Shrine in Golden, CO during August 18-19, 2023. We further consent to allow any of the priests, teachers, employees, officers, directors, parents, or volunteers connected with The Society of Saint Pius X of Kansas City Missouri, Inc. or Saint Isidore Catholic Church of Watkins, CO or any of its subsidiaries, subordinates or affiliates, or whomever any of these so delegates to transport my child(ren) to and from such road trip.

RELEASE OF LIABILITY AGREEMENT

We further release and hold harmless The Society of Saint Pius X of Kansas City Missouri, Inc. or Saint Isidore Catholic Church of Watkins, CO, and any of its chapels, schools, subsidiaries, subordinates or affiliates and any and every of the priests, teachers, delegates, drivers, volunteers, agents, employees, officers, or directors of these entities from any liability or claim of liability, including negligence, and for any personal injury, including death, (and especially including – but not limited to – bodily injury or death from any motor vehicle accident or hiking-related incident) and for any other damages (including actual, compensatory, consequential, or incidental) arising from or relating to activities which take place during the "St Isidore Cabrini Pilgrimage" to the Mother Cabrini Shrine in Golden, CO or in the travel to and from said pilgrimage during August 18-19, 2023.

Dated _____

Father _____ Mother _____

MEDICAL TREATMENT CONSENT FORM

We, _____ and _____, parents of
Father Mother
_____, hereby consent on behalf of our child(ren), to any
Children

Hospitalization or medical treatment by any licensed physician in the case of illness or injury to said child, arising from or relating to events or activities which take place in the travel to and from and during the "St Isidore Cabrini Pilgrimage" to the Mother Cabrini Shrine in Golden, CO during August 18-19, 2023, or while our child is otherwise within the custody of any of the priests, teachers, delegates, drivers, volunteers, agents, employees, officer, or directors of The Society of Saint Pius X of Kansas City Missouri, Inc. or Saint Isidore Catholic Church of Watkins, CO or any of its chapels, schools, subsidiaries, subordinates or affiliated organizations in connection with said pilgrimage.

Dated _____

Father _____ Mother _____

MEDICAL INFORMATION

Father's SSN _____ Mother's SSN _____ Child's SSN _____

Brief medical history of child, including allergies and restricted medications: _____

Child's physician's name, phone, and address: _____

In case of emergency, please call: _____

INSURANCE INFORMATION

Name of Insurance Carrier: _____ Policy No.: _____

Agent's Name and Telephone Number: _____ Group No.: _____