



DIOCESE OF SAN BERNARDINO
St. Elizabeth of Hungary Parish
Office of Religious Education
CATHOLIC MUTUAL

ANNUAL CONSENT AND RELEASE FORM 2025 - 2026

I, _____ (Parent's Name)

Request that my son / daughter: _____ Birth Date _____

be allowed to participate in the **Faith Formation Program 2025-2026** at St. Elizabeth of Hungary Church, from **September 29, 2025, to May 26, 2026.**

In consideration for making the arrangements for this activity, I hereby release and save harmless the Diocese Parish, their employees, officers and agents from any and all liability, suits, causes and claims arising as result of, or in connection with, this activity.

*IN CASE OF INJURY OR RELATED EMERGENCY, I AUTHORIZE THAT FIRST AID BE ADMINISTERED BY A PERSON QUALIFIED TO RENDER SUCH SERVICE, IF DEEMED NECESSARY BY AN ADULT COORDINATOR, STAFF AND / OR CHAPERON. I UNDERSTAND THAT ANY INSURANCE BENEFITS THAT ARE EFFECTIVE HAVE LIMITED APPLICATION AND **I THEREFORE SUBMIT THE NAME OF THE INSURANCE CARRIER AND THE POLICY NUMBER ***.

****I have attached a copy of my health insurance card.***

Please note allergies, special conditions (learning, behavioral, medical)

Signature

Date

Contact person in case of emergency

Contact Person 1: _____ Relationship: _____

Home Tel: _____ Cell: _____

Contact Person 2: _____ Relationship: _____

Home Tel: _____ Cell: _____