



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

ANNUAL CONSENT AND RELEASE FORM 2024 - 2025

I, \_\_\_\_\_ (Parent's Name)

Request that my son / daughter: \_\_\_\_\_ Birth Date \_\_\_\_\_

be allowed to participate in the **Faith Formation Program 2024-2025** at St. Elizabeth of Hungary Church, from **September 23, 2024, to May 30, 2025.**

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*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: \_\_\_\_\_