



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

Annual Consent and Release Form for 2026 - 2027

I, _____, (Parents Name)

Request that my son / daughter: _____ be allowed to

Participate in the Faith Formation Program 2026-2027 which will be held at St. Elizabeth of

Hungary Church, from September 28 2026 – May 20 2027.

Birth Date: _____

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

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

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

** I understand that any insurance benefits that are effective have limited application and I have attached a copy of my health insurance card.*

Signature _____ *Date* _____

Contact person in case of emergency

Contact Person 1: _____ Relationship: _____
Phone Number: (_____) _____
Contact Person 2: _____ Relationship: _____
Phone Number: (_____) _____