***ST. MARK* Catholic Church – Youth Ministry**
9970 Vale Rd. Vienna, VA 22181

$ 28 FEE IS DUE WITH THIS FORM BY MONDAY 11/4!

Date: Friday, November 8, 2024 Time: 7:30 – 9:30 pm

Activity: Bowling @ Bowl America against OLGC parish
Address: 9699 Fairfax Blvd Fairfax, VA

Deadline for forms and $28 payment (cash or check made out to St. Mark Catholic Church) due to the RE/YM office lockbox no later than Monday 11/4.

Drop-off & Pickup at Bowl America – check in / out in lobby

Permission Form

Participant's Name: _____ Sex: _____

Address: _____ Phone: _____

City, State, Zip: _____ School: _____

Grade in **'24-'25** School Year: _____ Parent E-mail Address: _____

Participant's Commitment:
I hereby make a personal commitment to abide by the standards of conduct established by *ST. MARK* Catholic Church and its representatives.

_____, ***Signature of Participant***

Parental Permission and Liability Release: As parent/legal guardian of the participant names above, I give my permission to participate fully in the event stated above between the start and end time of the event. I agree to indemnify and hereby release the Most Reverend Michael F. Burbidge Bishop of the Catholic Diocese of Arlington and his successors in office, as well as the Catholic Diocese of Arlington and all Diocesan clergy, employees, volunteers, and participating parishes and schools from any and all liability, claims, demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned of the participant resulting from said participant's involvement in the above mentioned event (including transportation to and from the event). Furthermore, I on behalf of the participant hereby assume all risk of personal injury, sickness, death, damage, and expenses resulting from said participant's involvement in the above described event.

Informed Consent to Medical Treatment: I request that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor. I assume full responsibility for all costs of such treatment. Further, should it be necessary for the participant to return home due to medical, disciplinary, or other reasons, I do hereby assume responsibility for the participant's transportation home and any costs related thereto.

Photo, Press, Audio, and Electronic Media Release: I authorize the Catholic Diocese of Arlington, its parishes, its schools and/or the Arlington Catholic Herald to use and publish my child's photograph, video and/or audio recording along with their name identifying them for educational, news stories, illustration and/or marketing purposes.

_____ _____
Parent Signature Best Phone