

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

Date: Friday, December 6, 2024 Time: 4:15-6:15 pm  
(Note change from originally publicized time)

Activity: Christmas Caroling at Sunrise Assisted Living (Vienna location) and doorsteps of two nearby homebound parishioners, followed by cocoa and cookies in the Youth Room

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Meet outside of Door #3 (Youth Room) at 4:15pm SHARP in festive holiday attire!  
Compliant adults will drive students to Sunrise, to the parishioner homes, and back to St. Mark for treats. Pickup time at Door #3 is 6:15pm.

Permission forms are due to the Youth Ministry Office by end of day Monday, December 2.  
Contact: Sarah Lundquist at [slundquist@stmark.org](mailto:slundquist@stmark.org)

## Permission Form

Participant's Name: \_\_\_\_\_ 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