

****Please note: Signature on this form must be notarized**

Permission/Medical Release Form

This is to certify that I _____ am willing to participate in
_____ sponsored by _____ on
_____. I understand that the event will take place in _____.

I agree to defend, indemnify and hold harmless the Diocese of Victoria, its clergy, officers, agents, employees and volunteers from any claims, costs or expenses for property damages, personal injuries or other damages arising out of my participation in the above mentioned activity. In case of an emergency, I give my approval and authorization for an adult representative of the _____ to sign for medical treatment by a physician and/ or hospitalization, if I am unable to do so.

Date

Signature

The State of Texas

County of _____

This instrument was acknowledged before me on _____, _____ (year).

Notary Public

Printed Name

My commission expires on: _____

Please fill out the information below:

Name _____ Age _____ Sex _____

Address _____ Home Phone (_____) _____

City/State/Zip _____

Date of Birth _____

Parish/City _____