

**\*\*Please note: Signatures on this form must be notarized**

**Permission/Medical Release Form**

This is to certify that I grant permission for my child's, \_\_\_\_\_, participation in the \_\_\_\_\_ sponsored by \_\_\_\_\_ on \_\_\_\_\_ . I understand that the event will take place at \_\_\_\_\_ 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 his/her 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 of Parent

<p>The State of Texas County of _____</p> <p>This instrument was acknowledged before me on _____, _____ (year).</p> <p>_____ Notary Public</p> <p>_____ Printed Name</p> <p>My commission expires on: _____</p>
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**Please fill out the **STUDENT** information below:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parish/City \_\_\_\_\_