



COPTIC YOUTH 2011 CONVENTION

Diocese of Los Angeles Youth Convention Liability Waiver

THIS FORM MUST BE RETURNED ALONG WITH YOUR APPLICATION

PARENT PERMISSION AND EMERGENCY MEDICAL FORM

I request that my son/daughter _____ age _____, be permitted to participate in the Diocese Youth Convention held at ν g'Eqr ν e'Xkrci g, 39328 Big Bear Boulevard, Big Bear, CA 92315 on _____ till _____. He/She is in good physical condition. Should any illness or accident occur to him/her on the trip, I will not hold liable The Diocese of Los Angeles their officers or leaders, for medical aid rendered and will reimburse The Diocese of Los Angeles for medical and other expenses incurred in the care of my son/daughter.

My son/daughter may receive necessary first aid. He/She may receive medical attention by a duly licensed physician. He/She may be admitted to a hospital in case of emergency. This authorization is given pursuant to section 25.8 of the Civil Code of California and remains effective only for the event and dates listed above. The parent will be contacted immediately, if possible.

Parent's Name _____ Signature _____

Emergency Contact _____ Phone _____

Parental Instructions _____