



LIABILITY/MEDICAL RELEASE FORM



Quiet Waters Inc. & Morning Star Family Holy Hour's Eucharistic Youth Rally

Name: _____

Age: _____ Male/Female: _____ Date of Birth: _____

Address (city/state/zip): _____

Phone Number: _____ Cell Phone: _____

Insurance Carrier: _____ ID#/Group# _____

Medication & Reason for: _____

Physician Name & Phone Number: _____

Any Relevant Medical History: _____

Dietary Needs & Reason For: _____

Emergency Contact: _____ Relationship: _____

Emergency Phone Number: _____

The undersigned do hereby release, forever discharge and agree to hold harmless Quiet Waters Inc. and Morning Star Family Holy Hour Ministry from and against any and all liability, claims, demands, lawsuits and expenses of any kind whatsoever which may be incurred or suffered by the undersigned and/or participant (if participant is 18 or under, 18 or older) while attending the Eucharistic Youth Rally at Cabrini Cultural Center on October 31, 2015.

The undersigned further agree to indemnify and hold Quiet Waters Inc. and Morning Star Family Holy Hour Family Ministry and its respective members, directors, employees, and agents (collectively, the "Indemnities") harmless from and against any and all claims, demands, actions, lawsuits, and liabilities, including attorney fees and expenses and costs sustained by the Indemnities as a result of negligent, willful or intentional acts of the undersigned and/or participant (if participant is 18 or under, 18 or older).

I hereby give permission to Quiet Waters Inc. and Morning Star Family Holy Hour Ministry and its respective staff, and adult volunteers to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery and I (we) fully and completely assume all responsibility for all medical bills. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I (we) assume all responsibility and transportation costs. This authorization also permits my youth to receive such treatment only after such a reasonable effort has been made to reach me. Further, should it be necessary for all participants to return home due to medical reasons, disciplinary action or otherwise, I (we) assume all responsibility and transportation costs. In signing this I am granting my youth permission to be transported in privately owned vehicles to and from the event. As well I am aware of the rules and responsibilities that my son/daughter is expected to uphold and respect.

I understand my son/daughter's photograph and/or my photograph and/or likeness and name(s) may be used in a future promotion by Quiet Waters Inc. and/or Morning Star Family Holy Hour.

Adult Signature _____ Date: _____

Adult Name (Printed) _____

Mail Forms to: Eucharistic Youth Rally c/o 386 N. Buffalo Springville, NY 14141

(NOTE: this is not the address of the Cabrini Cultural Center)

Website: www.QuietWatersProductions.com (click on "Eucharistic Youth Rally" on top of page)
Email: quietwatersinc@gmail.com