

**St. Mary of the Annunciation Youth Ministry**  
**Permission & Liability Release Form**

**Participant Name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Teen Cell Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Parent Phone:** \_\_\_\_\_

**Parent Email:** \_\_\_\_\_

**Allergies? Circle One:**    **NO**        **YES**    **If yes, specify:** \_\_\_\_\_

**Medication(s) currently taking:** \_\_\_\_\_

**Logistics:**

**Date:** Saturday, March, 2018    **Time:** 12pm-4pm, drop-off and pick-up in the Narthex

**Location:** Twisted Limits Escape Rooms, 3735 W Elm St, McHenry, IL 60050

**Cost:** \$45, includes: pizza, pop, entrance into the Escape Room, and transportation to and from.

**Injury/Illness**

I grant permission for the administration of First Aid to my youth by the people in charge of the event, and those transporting my child to and from the event as their judgment deems advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery deemed necessary for my child.

**Video and Still Photographs**

Video and still photographs may be taken during this event. This authorization form constitutes permission for my youth's participation in the video and/or still photographs, which may be used for future promotional efforts, including the St. Mary website.

**If you are unable to reach me during this event, please contact:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

I, \_\_\_\_\_ (**parent name**), give permission for my son/daughter to attend the **Twisted Limits Escape Rooms Trip**. I hereby release and indemnify my parish, Saint Mary of the Annunciation in Mundelein, Illinois, its staff, volunteers, and the Archdiocese of Chicago from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

**Code of Behavior**

As a participant in this event, he/she is representing our parish during this event and we expect he/she will represent us well. We expect that he/she will display mature and responsible behavior, which for many years has been the trademark of Catholic youth and adults of our diocese.

**Expectations:**

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
3. Socializing should always be done in public.

**TURN OVER** 

4. Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug is not permitted.
6. Smoking is not permitted.
7. Weapons and/or drug paraphernalia are not allowed.
8. If under the age of 18, prescription drugs need to be given to an adult for storage and distribution.
9. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

I understand and agree to this Code of Behavior. I also understand and agree that at the time of an infraction requiring dismissal, I am responsible for my removal from the premises and any costs involved. If under the age of 18, I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.

**Youth Signature:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_