

The Catholic Community of St Francis of Assisi

Assumption of Risk and Medical Permission and Release

I freely, knowingly, and willingly accept and assume risk of injury that might occur from participation in activities in the St Francis of Assisi Catholic Church. If applicable, I have verified all participants of my ministry group have signed an Assumption of Risk statement for this activity. In the event of such injury to myself or my child, I hereby give my permission and consent for treatment deemed necessary for a condition arising during participation in related activities, including medical and surgical treatment recommended by a medical doctor. I agree to take responsibility for payment of the usual charge for such treatment. I release the Community of St Francis of Assisi, its employees, agents, volunteers and assignees from any and all claims, causes of actions suits, and related rights for himself/herself, his/her estate, his/her heirs; administrators, executors, etc. for any and all injuries, illnesses, and damages sustained as a result of participation in activities held by the Community of St Francis of Assisi. This release applies to any present or future injuries and it binds my heirs, executors, and administrators. If applicable, I have verified all participants of my ministry group have signed a Medical Permission and Release for this activity.

I have read this release and all of its terms. I voluntarily acknowledge its significance.

