

Holy Trinity Catholic Church  
Lenexa, Kansas

Liability Release Form

I /We request my son / daughter be able to participate in the **Luke 18 Retreat** on April 19-21, 2024. I give permission for my child(ren) \_\_\_\_\_ to participate in this event. In consideration for the making of the arrangements for this retreat, I hereby release and save harmless Holy Trinity Catholic Church, any and all employees and volunteers from any and all liability for any and all injury resulting from this event.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Medical Release Form

I hereby give my consent, in case of injury or illness, to have those in charge of above event obtain the necessary medical assistance and/or treatment from qualified medical personnel, for my child(ren)\_, in the event that I cannot be reached. I also agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

- I give my permission for my child's photo to be taken and used by Holy Trinity Catholic Church

Medical and/or Hospital Insurance Company: \_\_\_\_\_

Policy Numbers: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_

Known allergies, medical conditions and other pertinent medical information: