

SJV AMAZING RACE

Open to students in Grades 8-12

St. John Vianney Parish Ctr and greater
Burlington Area

160 Hinesburg Rd, S. Burlington

Sat April 2nd 5:30pm-7:30pm (No later than 8)

(We will be meeting immediately following the 4:30 Mass and dividing into teams)

FIRST NAME _____ LAST NAME _____

MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PARENTS E-MAIL ADDRESS: _____

HOME PHONE: _____ PARENT CELL PHONE: _____

GRADE: _____

PARISH: _____

PARISH LOCATION (CITY/TOWN): _____

Please list any dietary considerations, current medical conditions, or allergies:

EMERGENCY CONTACT(S):

Name _____ Phone Number: _____

Name _____ Phone Number: _____

Parent/Guardian Medical Authorization and Release

Authorization for Medical Treatment

In the event of a medical and/or emergency situation during my absence, I hereby authorize necessary treatment, administration of anesthesia and/or surgical treatment(s) for my minor child/ward when deemed necessary by any physician, hospital medical staff or other appropriate medical personnel. I furthermore agree to release, indemnify and hold harmless the Roman Catholic Diocese of Burlington, the parish trust/school named on the registration form, their officers, directors, employees, staff members, volunteers and agents, from and against any and all claims for damages related to administration of emergency medical care as authorized in this statement.

Acknowledgement of No Insurance Coverage - Benefits

I hereby acknowledge that neither the Roman Catholic Diocese of Burlington nor the parish trust/school named on the registration form, are providing insurance coverage of any kind for any of the participants, including, but not limited to, life, health, accident, disability, liability, or any other kind of insurance whatsoever. I agree to undertake responsibility for any and all losses, damages, liabilities or expenses associated with, or arising from, the *St. John Vianney AMAZING RACE*. I understand that it is my sole responsibility to acquire insurance to provide the appropriate coverage(s) for the risks associated with participation in these events.

Liability Release – Youth Participants

I hereby release and agree to hold harmless the Roman Catholic Diocese of Burlington and the parish trust/school named on the registration form, their officers, directors, employees, staff members, volunteers, and agents from any and all liability, claims and/or damages for personal injury, property loss or other damage which may result to my child/ward. I further state that my child/ward is physically fit and able to participate in the *St. John Vianney AMAZING RACE*

I further state that my child/ward may ride in any vehicle used for the purpose of this event. I release, hold harmless and agree to indemnify the Roman Catholic Diocese of Burlington, the parish trust/school named on the Registration form, their officers, directors, employees, staff members, volunteers, and agents for personal injury, property loss or damage, whether foreseen or unforeseen, to my child/ward while traveling in authorized vehicles.

Media Release – Youth Participants

I hereby authorize the Roman Catholic Diocese of Burlington or the parish trust/school named on the registration form to use the name, voice and likeness of my child/ward in any manner, form or way relating to communication production in any media, and I hereby release these entities from any and all claims associated therewith in connection with the *St. John Vianney AMAZING RACE*

Name of Teen Participant

Parent/Guardian Signature
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Date