

Holy Trinity Catholic Church  
Lenexa, Kansas

Liability Release Form

I /We request my son / daughter be able to participate in the **Timothy 4 Retreat** on August 25-27, 2023. 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

Medical and/or Hospital Insurance Company:

Policy Numbers:

Subscriber's Name:

Known allergies, medical conditions and other pertinent medical information: