

Our Lady of Mount Carmel Parish Appalachia Trip, June 22-29, 2024
HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

*This Agreement must be read and signed by each participant's parent/guardian(s)
and returned to Our Lady of Mount Carmel staff prior to the trip to participate.*

Printed Name of Participant: _____

Address, City, State, Zip: _____

Home Phone: _____

Emergency Contact & Phone: _____

IN CONSIDERATION of my son/daughter's participation in the Our Lady of Mount Carmel Appalachia Trip in June of 2024, INTENDING TO BE LEGALLY BOUND HEREBY, I represent, consent, and agree, on behalf of myself and my minor child, our personal representatives, assigns, heirs, next of kin, and any other person claiming, by under, or through me, as follows:

1. PERMIT my/our child to participate in the Appalachia Trip with Our Lady of Mount Carmel Parish on June 22-29, 2024.
2. AGREE TO INDEMNIFY AND HOLD HARMLESS, Our Lady of Mount Carmel Parish Charitable Trust, the pastor/administrator of said parish and all of its sponsored programs, as well as all of its employees, agents and volunteers, and also the Roman Catholic Diocese of Pittsburgh and the Roman Catholic Diocese of Pittsburgh Charitable Trust, Most Reverend David A. Zubik, in his capacity as Bishop of the Diocese and as Trustee for the Parish, his successors and legal representatives and agents against any loss from any and all claims, demands and actions at law or in equity that may hereafter at any time be brought by my child, or anyone acting on his/her behalf, for the purpose of enforcing a claim for damages because of any injury (including death) to my child as a result of, or in any way related to his/her participation in the above mentioned trip, or his or her transit thereto.
3. In the event of injury or illness to my child during the above trip, I hereby give permission for the necessary medical treatment to be given to my child. I further authorize the representative of Our Lady of Mount Carmel Parish who accompanies our child on said trip to sign consents, releases or other documents or hospital forms in the event of illness or of injury to our child in order that medical or hospital care can be obtained with the same power and authority as if we were present to act. I, for myself, for my child, our respective heirs, and our respective legal representatives, do hereby indemnify and hold harmless any representative of Our Lady of Mount Carmel Parish Charitable Trust from any and all claims, demands, and causes of action of whatever kind and nature for their actions taken pursuant to this authority.

With regard to such treatment:

- a. I agree that in case of injury to my child, I will apply his/her hospitalization and/or accident insurance toward the payment of the expenses incurred and will not look to Our Lady of Mount Carmel Parish, the Roman Catholic Diocese of Pittsburgh, or their respective Pennsylvania Charitable Trusts for the payment of any medical or injury-related costs.

IN WITNESS WHEREOF, I execute this Hold Harmless and Indemnification Agreement the _____ day of _____, 2024.

Parent/Guardian Signature

CONSENT TO TREAT

I/We the undersigned parent(s)/guardian of _____, a minor, do hereby authorize treatment of my/our child by a licensed medical physician in case of any accident of illness that so arise, or any hospitalization necessary.

Father/Legal Guardian Signature

OR

Mother/Legal Guardian Signature

Date: _____

This consent will remain effective until 48 hours after the trip.

MEDICAL INFORMATION:

I hereby warrant that to the best of my knowledge, my minor child is in good health, and I assume all responsibility for the health of my minor child. Of the following statements pertaining to medical matters, SIGN ONLY THOSE IN ACCORDANCE WITH YOUR WISHES.

Participant Name: _____

Date of Birth: _____

- 1) Medications: My child is taking the following medications at present. My child will bring all such medications necessary, and such medications will be well labeled. My child will administer his/her own medication.

Signature: _____ Date: _____

- 2) I hereby grant permission for nonprescription medication such as Tylenol, throat lozenges, cough syrup, etc) to be given to my child if deemed advisable.

Signature: _____ Date: _____

- 3) No medicating of any type whether prescription or nonprescription may be administered to my child unless the situation is life threatening and emergency treatment is required.

Signature: _____ Date: _____

Does your minor child have any reactions to bee, hornet or wasp stings?

Any known allergies? _____

Any medical restrictions that would prevent you / your minor child from performing service on sites?

Are you or your minor child subject to chronic homesickness, emotional reactions to new situations, or fainting?

YES NO

Any medically prescribed dietary needs: _____

Is your minor child a vegetarian? YES NO

Is your minor child allergic to any medication? _____

Is your minor child subject to chronic homesickness, emotional reactions to new situations, or fainting? YES NO

If yes, explain _____

Immunization

Tetanus: _____

Insurance Information

Name of family physician: _____

Physician's Phone number: _____

Name of Insurer: _____

Policy Number: _____

Policyholder Name: _____

Policyholder's Employer: _____