



PASCUA FLORIDA PILGRIMAGE™

Release of Liability for Minors

To be used for one-time activity registration.

Child's Name: _____ Age: _____

Home Phone: _____ Address: _____

PARENT / GUARDIAN CONTACT INFORMATION

Parents Names: _____

Phone Numbers: _____

ACTIVITY INFORMATION

Activity: Pascua Florida Pilgrimage™

Date: April 22-27, 2025

Location: Route by walk and canoe from St. Thomas More Church, Sanford, Florida to St. Augustine, Florida

Details of the Activity: Approximately 80 miles of walking/hiking and 25 miles of canoeing, or full walk of 110 miles, from Sanford, Florida to St. Augustine, Florida. Camping each night. Route contains rough terrain. Weather will often be hot under hot sun. Weather may be rainy and cool at times.

RELEASE OF LIABILITY AGREEMENT

I/We understand and agree that the activity may pose possible illness, injury, as well as similar and dissimilar risks ("risks"). In exchange for St. Thomas More Church allowing the child to participate in the activity, the child, parents and their respective heirs, personal representatives agree(s) to release from liability, discharge and hold harmless St. Thomas More Church, the Society of Saint Pius X District, its affiliated organizations, employees, agents and representatives including volunteers and drivers, from any and all liability resulting from the child's personal injury, death, property damage, property theft, or loss of any kind which may hereafter occur to child. This release shall be governed by the laws in the State of Florida and shall not apply to liability as a result of intentional (criminal) misconduct or gross negligence if proven by a court of law. The child and each of the undersigned understand that at any St. Thomas More Church event or related activities, any child, parent, or licensee may be photographed. I/We agree to allow any photo, video or film likeness of the child, parents, or their assigns/licensees to be used for any purpose by the chapel, event holders, producers, sponsors, organizers and assigns and may publish the photographs/film/videotapes/electronic representations and/or sound recordings of him/her and specifically

waive(s) any right to any compensation he/she may be awarded or due. I/We do hereby represent that I/we am/are, in fact, acting in such capacity as the child's parent/guardian. I/We agree to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release St. Thomas More Church or its affiliates as set forth above. I have fully read and understand the above terms and conditions and that they apply to said child and to myself/ourselves, jointly and severally, and that no oral representations, statements, or inducements apart from the foregoing written agreement have been made to me/us and the child. I/We acknowledge and agree that St. Thomas More Church can assume no financial liability beyond its actual liability insurance policy in effect.

PERMISSION TO TREAT

In case of any accident, illness, or other incident requiring medical attention, I/we request to be contacted. If I/we cannot be reached after conscientious effort, I/we give permission for St. Thomas More Church personnel to call paramedics or any licensed physician or dentist. If a serious emergency exists, I/we give permission for personnel to call paramedics or any licensed physician or dentist immediately and then contact me/us as soon as possible there-after. I/we authorize and consent to any x-ray examination, anesthetic, CPR, medical, dental, or surgical treatment, and/or hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of emergency transport and/or the previously mentioned services being provided. I/We give permission for the release of health information including verbal, print, fax, and electronic media, necessary for the treatment of my/our child to St. Thomas More Church personnel and /or attending health care providers.

PERMISSION TO PARTICIPATE – PERMISSION TO TRANSPORT

I/We give permission for my/our child to participate in the Pascua Florida Pilgrimage™, and consent to allow any delegated driver to transport my/our child to and from any activities connected to the Pascua Florida Pilgrimage™.

GENERAL HEALTH INFORMATION:

1. Does your child have learning or physical disabilities, chronic illnesses, or injuries? Yes No

If YES explain: _____

2. Does your child have any allergies? Yes No

If YES explain: _____

Father's Printed Name: _____

Father's Signature: _____

Mother's Printed Name: _____

Mother's Signature: _____

Date _____