

Carmelite Day Liability Release Form

After you have registered on-line, complete your Carmelite Day registration by mailing this completed form and your donation to:

Vocation Directress
Carmelite Sisters DCJ
10341 Manchester Rd
St. Louis, MO 63122

Registration is not complete until this form has been received.

***Please remember to include an \$8 donation- checks made payable to Carmelite Sisters DCJ.

Name of Participant:

Phone number:

Emergency Contact Information

Name and Relationship:

Phone Number: Home:

Cell:

LIABILITY RELEASE

- ❖ I give permission to my above named daughter to attend this Carmelite Retreat.
- ❖ As parent or legal guardian, I remain fully responsible and liable for any claims brought against Carmelite Sisters, DCJ which may result from any action taken by my child.

Parent Signature: _____ Date: _____

EMERGENCY MEDICAL TREATMENT:

- ❖ In the event of an emergency, I hereby give permission to the Carmelite Sisters, DCJ to transport my child to a hospital to receive emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.
- ❖ I relieve the Carmelite Sisters, DCJ of all responsibility and consequences that may arise as a result of this treatment. I will not hold the Carmelite Sisters, DCJ liable in the event of injury. Further, I agree to accept any and all financial responsibility as a result of medical treatment.

Parent Signature: _____ Date: _____

****You will receive an e-mail confirmation of your registration when this form and donation have been received.
Thank you!**