



**IGNITE Retreat Registration  
September 28, 2019**

*Please print and complete all areas.*

Student's Name \_\_\_\_\_  
  First  Initial  Last

Address \_\_\_\_\_  
  Street  City  State  Zip

Home Phone \_\_\_\_\_

**PARENT/GUARDIAN CONTACT**

Name: \_\_\_\_\_

Phone Number (Cell): \_\_\_\_\_

Email address: \_\_\_\_\_

**LIABILITY**

I hereby agree to indemnify and hold harmless Bishop Shanahan High School, the Archdiocese of Philadelphia and its officers, employees, and volunteer staff from any liability. I accept responsibility for any medical expenses as a result of any such injury sustained.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL INFORMATION**

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor for in the event of medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. This release is intended for September 28, 2019. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDIA RELEASE**

Bishop Shanahan High School has my permission to use my child's photograph publicly to promote the SEEK Festival. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_