

Washington DC March for Life 2012 Registration Form

Pilgrim Personal Information

Name of Pilgrim:

Male or Female: _____ Grade: _____

Cell Phone (if applicable):

Address:

City: _____ State: _____ Zip Code: _____

Email Address:

Clothing Size: *Circle One*

| | | | | | |
|----------------|-----------------|----------------|-------------------------|----------------------|----------------------|
| Adult Small | Adult Medium | Adult Large | Adult Extra Large | Adult 2X Large | Adult 3X Large |
|----------------|-----------------|----------------|-------------------------|----------------------|----------------------|

Parent/Guardian Personal Home Information

Parent/Guardian:

Relationship to Pilgrim:

Primary Phone:

Address:

City: _____ State: _____ Zip Code: _____

Email: _____

I, the lawful parent or guardian of _____ ("my child") irrevocably release from all liability, and hereby agree to indemnify and hold harmless the Roman Catholic Archbishop of Boston, both individually and in his capacity as trustee for the benefit of the Roman Catholic Archdiocese of Boston and all parishes within the Archdiocese, including but not limited to **St. Joseph Parish**(collectively, "RCAB"), and all the officers, agents, representatives, volunteers, chaperones, clergy, religious and employees of either the Archdiocese of Boston or any parish or youth ministry thereof ("Agents") from any and all liability, actions, causes of action, claims, judgments, cost or expenses, including but not limited to attorney's fees, known or unknown at this time, arising out of or in any way related to the injury or illness or other damages to person or property incurred by my child while participating in or traveling to or from the **March for Life**.

I agree to instruct my child to cooperate with and follow the instructions of RCAB and its Agents, including but not limited to **St. Joseph Parish**, in charge of the activity. In the event my child does not cooperate with or follow the instructions of RCAB or its Agents, or violates the Archdiocese of Boston Code of Conduct (which I acknowledge that I have reviewed), I agree that I shall, at my sole cost and expense, arrange for the immediate transportation of my child from the **March for Life** event to my custody, if so requested by RCAB or any of its Agents.

I appoint RCAB or its Agents, including but not limited to **St. Joseph Parish**, who are acting as leaders of the activity as my attorney in fact to act for me in my name and on my behalf, in any way that I would, in the reasonable and sole judgment of RCAB or its Agents, be expected to act if I were personally present, with respect to the following matters if any injury, illness or medical emergency occurs during the activity: To give any and all consents and authorizations to any physician, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our attorney in fact shall deem necessary or appropriate for the best interest of my child.

I understand that RCAB and its Agents will make a reasonable attempt to contact me as soon as possible in the event of medical emergency involving my child. The powers and authority granted herein may be revoked by written notice delivered in-hand to RCAB or its Agents who are then acting or who have previously acted hereunder. Without such written notice, this power of attorney shall not be affected by my disability, incapacity or adjudicated incompetence. This power of attorney shall lapse automatically upon completion of the activity and the return of my child to myself or approved guardian.

Signature of Parent/Guardian: _____ Date: _____
