FOR YOUR RECORDS-
Inspiration LA 2019 // Six Flags Magic Mountain

<table>
<thead>
<tr>
<th>Date of Event</th>
<th>Saturday November 2, 2019 7:15AM - 11PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost</td>
<td>$75+ Spending Money, see note below.</td>
</tr>
<tr>
<td>Transportation</td>
<td>Round Trip Chartered Bush from St. Lawrence Martyr</td>
</tr>
<tr>
<td>Due dates</td>
<td>Sunday October 6, 2019</td>
</tr>
<tr>
<td>Location</td>
<td>Six Flags Magic Mountain // 26101 Magic Mountain Parkway, Valencia, CA 91355</td>
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</tbody>
</table>

Description of Event

Outside food may only be brought into the park if participants have special dietary needs. A substantial meal is about $15. Snack foods (pretzels, churros, etc.) are available for purchase for $7. Please take this into consideration as you plan for the event.

Dress Code

It becomes cold quickly after dark—consider dressing warmly or in layers.

**NO**

- No short shorts, overly ripped shorts, tank tops, crop tops, deep camisoles.
- Women’s Shorts Inseam Length: 4 in. or less
- Men’s Shorts Inseam Length: 5 in. or less
- If wearing leggings, accompanying top must cover bottoms

**YES**

- T-shirts, jeans, pants, shirts, capris, shorts of appropriate inseam length
- Women’s Shorts Inseam Length: 5 in. or more
- More Men’s Shorts Inseam Length: 7 in. or more
STUDENT AND YOUTH ACTIVITY PERMISSION FORM

School/Parish/Other Archdiocesan Sponsoring Entity (“Location”): St. Lawrence Martyr, Redondo Beach CA

Place and Date of Event/Trip: Inspiration LA 2019 @ Six Flags // Nov 2, 2019

Activity: Field Trip ☐ Retreat ☐ Other (specify) ☐ Purpose: To expose youth to diocesan spirituality

Description of Activity: Youth Diocesan Event ☐ See Attached: X

Mode of Transportation: Chartered Bus ☐ Total Field Trip Cost $ 75

Teacher/Adult Leader: Katy Dagampat & Kacie Riordan ☐ Attire: See attachment

Minor’s Name: __________________________________________

Address: ____________________________________________

Date of Birth: ___________ Male ☐ Female ☐ Grade ___

I request that my child be permitted to participate in the above activity. I am not aware of any physical or medical condition my child has that would prevent my child from participating fully in this activity. My son/daughter has the following medical needs, allergies or dietary restrictions __________________________________________

If my child needs to take medication while participating in this activity, I hereby give my child permission to self-administer his/her medication in accordance with the Medication Authorization and Permission Form, and, if my child cannot self-administer, I give permission to the responsible staff members or chaperones to administer or to assist in the administration of my child’s medication. I also give permission to the responsible staff members, chaperones, medical practitioners and medical facilities to use their judgement in obtaining and providing medical treatment for my child should it become necessary to do so. I understand that health insurance benefits through the Location, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my child. I agree to reimburse the Location for the cost of any medical treatment and related expense incurred.

Release of Liability: As a condition of participating in this activity, I hereby hold harmless, release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and the Location, their respective agents and employees and any parent/volunteer/chaperone, from any and all liability, loss or claims for personal injuries, wrongful death or property damage that I or my child may suffer as a result of participation in the activity described above.

_________________________________________ Date

Parent/Guardian

Home Phone ___________ Cell Phone ___________ Work Phone ___________

Person to Notify in case of Emergency if Parent or Guardian is unavailable:

Name: ___________________________ Phone: ___________________________

Health Insurance Company: ___________________________ Policy No.: ___________________________
MEDICATION AUTHORIZATION AND PERMISSION FORM

Location: Six Flags Magic Mountain // 26101 Magic Mountain Parkway, Valencia, CA 91355

Part A to be completed by a licensed physician unless copy of prescription and original prescription bottle is provided containing the information requested in Part A.

I hereby request that my son/daughter be allowed to take the following medication(s) at the Location identified above and/or at a Location sponsored field trip, event or activity.

<table>
<thead>
<tr>
<th>Last Name of Minor</th>
<th>First Name</th>
<th>Sex</th>
<th>Birth Date</th>
</tr>
</thead>
</table>

Name of Medication: ________________________________________________

A. **Physician’s Instructions.** (Complete where applicable)

<table>
<thead>
<tr>
<th>Purpose of Medication or Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dosage Prescribed</td>
</tr>
<tr>
<td>Please notify this office if patient misses medication</td>
</tr>
<tr>
<td>Medication may have adverse effects (explain)</td>
</tr>
<tr>
<td>Special instructions and/or comments:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Print Name of Licensed Physician</th>
<th>Signature of Licensed Physician</th>
<th>Date</th>
</tr>
</thead>
</table>

Physician Address and Phone Number

B. **Permission for Administration of Medication and/or Testing at Location and/or at Location sponsored Field Trip/Event/Activity:** I request that my son/daughter identified above, be permitted to carry and use emergency medication (inhaler, epi-pen, insulin, etc.) and/or test for levels of blood sugar at the Location identified above and/or at a Location sponsored field trip/event/activity as prescribed by the physician above. I acknowledge and understand that no health care professional or other trained adult may be available at the Location or at the field trip/event/activity to assist, monitor or supervise my son/daughter's self-administration of medication or testing unless arrangements have been made in advance. In the event that my son/daughter is unable to self-administer or self-test, I agree that Location staff/chaperones may assist my son/daughter to the extent possible under the circumstances, but neither they nor the Location shall be liable for any adverse consequences or injury. I hereby give the Location staff/chaperones permission to call paramedics to render treatment to my son/daughter should that be necessary and to release medical information to first responders for that purpose. For all other medications, my son/daughter and I will comply with the Location’s policies and procedures and will provide the Location with any medication my son/daughter requires in its original prescription bottle.

Parent/Guardian Name: _____________________________________________ Emergency phone number: ___________

Parent/Guardian Signature: ________________________________________ Date: ____________________
This section to be completed by the Archdiocesan entity (school/parish/ACC) sponsoring the activity (“Location”):

Name of Location: Six Flags Magic Mountain // 26101 Magic Mountain Parkway, Valencia, CA 91355

The Location intends to use your child’s image, name, voice and/or work for noncommercial purposes relating to the event(s) or activity(ies) identified below.

Description of events/activities to which this Release applies:
Inspiration LA 2019 – St. Lawrence Martyr High School Confirmation / Youth Ministry field trip participating in Life teen events

Duration of Release: Aug 2019-Aug 2021

This section to be completed by Parent/Guardian:

I, ____________________________, am the parent/guardian of ____________________________, a minor.

I hereby authorize the Location to use the following personal information about my child:
(Please initial the applicable boxes)

Image: □ yes □ no  Voice: □ yes □ no  Name: □ yes □ no  Work: □ yes □ no

I understand and agree that my child’s image, voice, name and/or work (“Personal Information”) relating to the events or activities described above will be used for noncommercial purposes, including, but not limited to, publicity, exhibits, electronic media broadcasts or research. I understand and agree that my child’s Personal Information may be copied, edited and distributed by the Location in publications, catalogues, brochures, books, yearbooks, magazines, exhibits, films, videotapes, CDs, DVDs, email messages, websites, or any other form now known or later developed (“Materials”).

The Location may use the Personal Information at its sole discretion, with or without my child’s name or with a fictitious name, and with accurate or fictitious biographical material. The Location will not use the Personal Information for improper purposes or in a manner inconsistent with the teachings of the Roman Catholic Church.

I waive any right to inspect or approve any Materials that may be created using the Personal Information now and in the future. In exchange for the opportunity given to my child by the Location to participate in the activity, I agree that neither I, nor my child, will receive monetary compensation, royalties or credit. I understand and agree that the Location shall be the owner of all right, title and interest, including copyright, in the photographs, electronic recordings and Materials. If the Location intends to use the Materials for a commercial purpose, I will be provided at that time with information about the terms of the commercial use.
I hereby waive, release and forever discharge any and all claims, demands, or causes of action against the Location and its affiliated entities, employees, agents, contractors and any other person, organization, or entity assisting them with the photography, electronic recording or Materials, for damages or injuries in any way related to, or arising from the photography, electronic recording or Materials, or the use of the Personal Information, and I expressly assume the risk of any resulting injury or damage.

I further understand and agree that this Authorization remains in effect until it is withdrawn in writing. I understand that if I change my mind about this Authorization, that I will submit another, new authorization form to the Location. However, my new authorization will not have the effect of revoking this Authorization, and the Location will have no duty or obligation to make any changes or alterations to any Materials that may have been prepared based on this Authorization.

I represent that I have read this Authorization, understand the contents and am able to grant the rights and waivers it contains. I understand that the terms of this Authorization are contractual and not mere recitals. I am signing this document freely and voluntarily.

Signature: ___________________________ Date: ___________________________

Print Name: __________________________ Relationship to Child: __________________________

Address: __________________________

Telephone: ___________ Cellphone: ___________

Email: __________________________

Name of Child: __________________________ Age: __________________________
PARTICIPANT’S INFORMATION: (please print)

LAST NAME: ____________________________

FIRST NAME: ____________________________

ADDRESS: ___________________________________________________________________________

CITY: __________________ STATE: __________ ZIP CODE: __________________

PHONE #: __________________ EMAIL: __________________

BIRTH DATE: ______________ GENDER: ☐ MALE ☐ FEMALE

PARISH: __________________ DIOCESE: __________________

HEALTH INFORMATION:

DOCTOR: __________________ PHONE #: __________________

INSURANCE CO.: __________________ ID #: __________________

CARDHOLDER’S NAME: __________________

PARTICIPANT’S ALLERGIES (including meds and food): __________________

PARTICIPANT’S CHRONIC MEDICAL PROBLEMS (e.g. diabetes): __________________

PARTICIPANT’S OTHER PHYSICAL RESTRICTIONS: __________________

EMERGENCY CONTACT:

NAME: __________________ PHONE #: __________________

RELATIONSHIP TO PARTICIPANT: __________________

WAIVER:

I, ____________________________, am either an emancipated adult or the parent or guardian of a minor child who will be participating in the Life Teen Inc. (“Life Teen”) Event. I am fully aware that my own/my child’s participation in the Event is totally voluntary. In consideration of Life Teen’s agreement to permit me/my child to participate in the Event, the receipt and sufficiency in which consideration is hereby acknowledged, I agree as follows:

I, individually, and on behalf of my minor child, if applicable, and/or my respective heirs, successors, assigns, and personal representatives, hereby:

1. Release, acquit and forever discharge Life Teen and its employees, agents, servants, officers, trustees and representatives, in their official and individual capacities, from any and all liability whatsoever for any and all damages, losses or injuries to persons or property or both which arise out of, during or in connection with my/my child’s participation in the Event, which may be sustained or suffered by me/my child or any person in connection with my/my child’s association with, or participation in, activities at, sponsored by, or arising out of my/his/her travel or from the Event;

2. Agree to indemnify, defend and hold harmless Life Teen and its employees, agents, servants, officers, trustees and representatives, in their official and individual capacities, from any and all liability, loss or damage they incur or sustain as a result of any claims, demands, actions, causes of action, judgments, costs or expenses, including attorneys fees, which result from arising out of the operation of the Event including my/his/her travel or from the Event.

I hereby acknowledge and accept that:

1. There are certain risks arising from various activities, including but not limited to bodily injury, that could result from my/my child’s participation in the Event. I have knowingly and voluntarily decided to assume the risks of these inherent dangers in consideration of Life Teen’s permission to allow me/my minor child to participate in the Event;

2. My, and, if applicable, my child’s personal property is at my risk entirely;

3. Life Teen reserves the right to decline, to accept, or retain me/my child in the Event at any time should my/his/her actions or general behavior impede the operation of the Event or the rights or welfare of any person. I understand that if my child may be required to leave the Event in the sole discretion of Life Teen’s agents and representatives. In such an event, no refund will be made for any unused portion of the Event.

I represent and warrant that I/am/my child is covered throughout the Event by a policy of comprehensive health and accident insurance which provides coverage for injuries which I/he/she may sustain as part of my/his/her participation in the Event. I agree to complete the HEALTH INFORMATION section to the best of my ability and, by its completion, I hereby release and discharge Life Teen of all responsibility and liability for any injuries, illnesses, medical bills, charges or similar expense I/his/she may incur while participating in the Event. By completing the form, I hereby authorize Life Teen to obtain any necessary medical treatment to myself/my child, consent to any necessary examination, treatment, or care under the supervision and/or advice of any properly licensed medical professional and explicitly authorize Life Teen to release medical information about me/my child to any person or entity to whom Life Teen refers me/my child for medical treatment.

I hereby agree that this agreement is to be construed pursuant to the laws of the State of Arizona and is intended to be as broad and inclusive as permitted by law, and if any portion hereof is held invalid, it is agreed that the balance hereof shall continue in full legal force and effect. In addition, I agree that any legal action arising out of or in relation to this agreement must be brought in a Maricopa County, Arizona court.

I hereby grant to Life Teen my consent without reservation to use, assign, convey, reproduce, copyright, publish or sell my/child’s name, voice, image, and/or likeness that arises from my/his/her participation in the Event, whether still or motion pictures, audio or video tape, for promotional, instructional, business or any other lawful purposes, at Life Teen’s sole discretion.

In signing this agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights as well as, if applicable, those of my child, that it is a binding agreement, and that I have signed it knowingly and voluntarily.

Signature: ___________________________

Print Name: ___________________________

Dated: ____________________________