

# Liability Form – Battle of the Servers

## Thursday, July 10, 2025

Participant's name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

### Participant's Commitment

I hereby make a personal commitment to participate fully in the **Battle of the Servers** altar server tournament and picnic, and to abide by expected standards of conduct.

Signature of participant: \_\_\_\_\_

### Parental permission and liability release:

As parent/legal guardian of the participant named above, I (we) do hereby give my (our) permission to participate fully in the **Battle of the Servers** altar server tournament and picnic on July 10, 2025 at St. Leo Parish. I/we do for myself/ourselves and for and on behalf of my/our child referred to here as 'participant' do release, forever discharge and agree to hold harmless The Diocese of Arlington, (Home Parish name) \_\_\_\_\_ its directors, employees, and agents thereof from any and all liability, claims, demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned of the participant resulting from said participant's involvement in the above mentioned event (including transportation to and from the event). Furthermore, I/we on behalf of the participant hereby assume all risk of personal injury, sickness, death, damage, and expenses resulting from said participant's involvement in the above described event.

Further, authorization and permission are hereby given to (Parish name) \_\_\_\_\_, its directors, employees and agents thereof to furnish any necessary transportation, food or lodging while the named participant is involved in the above described event.

In my absence, I give consent for the above-named minor to be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor. Further, should it be necessary for the participant to return home due to medical, disciplinary, or other reasons, I/we do hereby assume responsibility for the participant's transportation home and any costs related thereto.

**Emergency Contact:** Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Health Information:** Are there any conditions or allergies which may affect the participant's involvement in the above event?

YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, why?

\_\_\_\_\_  
\_\_\_\_\_

Is there any physician-prescribed or other medication which the participant may be taking during the above event?

YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please provide name, dosage, and potential side effects of said medications:

\_\_\_\_\_  
\_\_\_\_\_

Name and phone number of physician or Health/Medical Insurance:

Primary Healthcare Provider: \_\_\_\_\_ Coverage: \_\_\_\_\_

I/we understand and hereby agree to the terms and conditions of the participant's involvement in the above described event.

\_\_\_\_\_  
Signature of Parent/guardian

\_\_\_\_\_  
Daytime Phone

**Please return this form to your parish.**