

**SJF/MHR YM**

# **LASER TAG**

**FRIDAY, JAN. 4<sup>TH</sup>**

**9:00PM - 3:00AM**

**HIGH SCHOOL AGE AND UP ARE INVITED TO THIS EVENT  
A COUNT WILL BE REQUESTED PER GROUP ON OR BEFORE  
THURSDAY - DECEMBER 28<sup>TH</sup>**

**ONLY  
\$50**

**YOU MUST BRING  
A SNACK AND 2  
LITER TO SHARE  
WITH THE  
GROUP**

**CMP TACTICAL LASER TAG**

**10315 VANS DRIVE  
FRANKFORT, IL 60423  
(815) 806-2020**

**INCLUDES:**

**5.5 HOURS OF INDOOR LASER TAG  
WITH ORGANIZED AND REF'ED  
GAMES**

**PRIVATE EVENT (NO PUBLIC ENTRY)**

**EVERYONE WILL BRING DRINKS AND  
SNACKS TO SHARE WITH THE GROUP**

**A TON OF FUN AND TEAM BUILDING!**

**TRANSPORTATION NOT INCLUDED!  
EACH GROUP WILL ORGANIZE  
CARPOOLS TO KEEP THE COST DOWN.**

**[WWW.CMPTACTICAL.COM](http://WWW.CMPTACTICAL.COM)**

**FOR ANY QUESTIONS, COMMENTS, OR CONCERNS PLEASE CONTACT KIM MADONIA**

**Archdiocese of Chicago — Child/Minor participation Release Form**  
**(PLEASE PRINT CLEARLY)**  
***NO ONE WILL BE ALLOWED TO PARTICIPATE WITHOUT FIRST PRESENTING THIS FORM***

Child/Teen Name	Parent(s)/Guardian(s) Name—Relation to child/teen	
Address	City, State, Zip Code	Home Number
Hospitalization Plan	Policy Number	Emergency contact (relationship) and phone number
Teen's Cell Phone Number: (        )		
Any allergies or medications currently being taken:		
What year are you? What school?		
Email address-		

**IMPORTANT INFORMATION**

The Catholic Bishop of Chicago (the CBC) and SJF/MHR are committed to conducting its programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their child in programs must recognize however, that there is an inherent risk to injury when choosing to participate in activities. The CBC and SJF/MHR continually strive to reduce risks and insist that all participants follow safety rules and instructions which have been designed to protect the participant's safety.

Please recognize that the CBC and SJF/MHR do not carry medical accident insurance for the injuries sustained in its programs. The cost of such would make program fees prohibitive. Each person registering themselves. It must be noted that the absence of health insurance coverage does not make the CBC or SJF/MHR automatically responsible for the payment of medical expenses.

Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the CBC and SJF/MHR requires the execution of the following waiver and release. Your cooperation is greatly appreciated.

**WAVIER AND RELEASE OF ALL CLAIMS**

Please read this form carefully and be aware in registering your child/teen/minor for participation in this program you will be waiving and releasing all claims for injuries you or your child/teen/minor might sustain arising out of this

**PROGRAM: LAZER TAG EVENT**

**PROGRAM DATE: FRIDAY - JAN. 4th-5th**

-As the parent/guardian of the participant in the program, I recognize and acknowledge there are certain risks of physical injury and I agree to assume the full risk of any injuries (including death), damages of loss which I or my child/teen/minor may sustain as a result of participating in any and all activities connected with or associated with such program.

-I agree to waive and relinquish all claims I or my child/teen/minor may have as a result of participating in the program, against the CBC and SJF/MHR and their agents, servants and employees.

-I do hereby fully release and discharge the CBC and SJF/MHR and their officers, agents, servants and employees from any and all claims from injuries, (including death), damage or loss which I or my child/teen/minor may have or which may accrue to me or my child/teen/minor on account of participation in the program.

-I further agree to indemnify and hold harmless and defend the CBC, SJF/MHR and their officers, agents and employees from any and all claims resulting from injuries (including death), damages and losses sustained by me or my child/teen/minor or arising out of, connected with, or in any way associated with the activities of the program

-I understand that the bringing of, or use of any drugs, including alcohol, will not be tolerated, and that if my child/teen/minor violates any of the rules which have been established, I will be called to pick up him/her.

- By signing this form you are allowing pictures that were taken for the bulletin and web site to be used for the youth ministry program.

In the event of any emergency, I authorize the CBC and MHR/SJF Parish officials to secure from a licensed hospital, physical and/or medical personnel any treatment deemed necessary for my child/teen/minor immediate care and agree that I will be responsible for payment of any/all medical services rendered.

By signing this form you are giving your consent to use your minors name and pictures/videos from this event in the parish bulletin and on the internet. You are also giving your consent for the Youth Minister to communicate electronically (email, text message, facebook etc.) with your minor.

I have read and fully understand the above Program Details, Wavier and Release of all Claims and Permission to Secure treatment.

(Parent(s)/Gaurdian(s) Signature)	DATE	(Participant's Signature)	DATE
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**IN ADDITION TO THIS FORM PLEASE FILL OUT THE CMP WAIVER LOCATED AT THIS LINK:**  
<http://frankfort.cmptactical.com/waiver/>