



LORD'S DINER
CATHOLIC DIOCESE OF WICHITA
Permission/Release Form

(For any volunteer under the age of 18 years, this consent and release must be completed and signed by the parents and/or guardians of the volunteer and filed with **The Lord's Diner** before such volunteer may begin service.)

PLEASE PRINT CLEARLY

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Birth date ____/____/____ Check one: Male ____ Female ____

Emergency contact _____ Relationship to participant _____

Contact Home Phone _____ Contact Work Phone _____

Insurance Company _____ Policy# _____

Allergies /Medications /Medical Concerns: _____

RELEASE OF LIABILITY

The undersigned do hereby release, forever discharge and agree to hold harmless The Lord's Diner, The Catholic Diocese of Wichita and the respective members, officers, directors and employees, agents, sponsors and promoters of both, from and against any and all kind of liability, claims, demands, lawsuits, and expenses of any kind arising from personal injury, sickness, death or property damage of any kind whatsoever which may be incurred or suffered by the undersigned. The undersigned further agrees to indemnify and hold-The

Lord's Diner, The Catholic Diocese of Wichita and the respective members, officers, directors and employees, agents, sponsors and promoters of both, harmless from any and all liability, claim, loss, damage, cost or expense and waive any such claims against persons or organizations arising directly or indirectly from or attributable in any action or omission to act of any such person or organization in connection with the sponsorship, organization and execution of The Lord's Diner.

MEDICAL PERMISSION

I grant permission in the event my child is injured or becomes ill for medical care to be administered to my child and to use my/our personal insurance to cover such incidents. I hereby give permission to the physician selected to render medical treatment deemed necessary and appropriate by the physician.

CODE OF BEHAVIOR

I agree to abide by and instruct my child to abide by all rules and regulations of The Lord's Diner as outlined in the Volunteer Agreement.

Signature of Participant: _____ **Date** _____

Signature of Parent/Guardian: _____ **Date** _____

Volunteer's Phone () _____ Volunteer's Email _____

Organization or Church Group that you plan on volunteering with (or Individual Volunteer)

STAFF USE ONLY:

_____ Background check performed on date: _____

_____ Virtus completion date: _____

_____ Food Handler's completion date: _____