

Authorization Form for Agility Trial Service Opportunity  
**St. Linus Parish Religious Education**

form must be returned to Dr. Cheryl Antos either to RE Office or to the rectory by Aug. 1st

**General Permission**

I request that my child, \_\_\_\_\_, be allowed to participate in the Agility Trial Service Opportunity. My child can attend on : (circle one or both) **Saturday, August 25<sup>th</sup>** or **Sunday, August 26<sup>th</sup>**.

**Time sessions are: (circle all that apply) 7:30 AM until Noon and/or Noon until 4 PM**  
The Agility Trial Service will take place at the **MAX-McCook Athletic and Expo, 4750 Vernon Ave., McCook, IL 60524 (just off I-55 and IL-171 overpass).**

Lunch is provided. Candidates who partake in this event will be given service for both months of September and October. (or other combination of months...to be determined by the candidate)

I hereby release and indemnify St. Linus Parish, its staff, volunteers, and the Archdiocese of Chicago, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

**Code of Behavior**

You are representing St. Linus Parish during this event and we expect you will represent us well. We expect that you will display a mature and responsible behavior that for many years has been the trademark of Catholic youth and adults of our archdiocese.

Some Expectations:

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
3. All participants remain in area of activity. No one should be roaming in the building.
4. Weapons of any kind, alcoholic beverages, illegal drugs, and any kind of smoking materials are not allowed.
5. If under the age of 18, prescription drugs need to be given to an adult from your parish for storage and distribution.
6. Infraction of these rules can mean immediate dismissal.

*I understand and agree to this Behavior code. I also understand and agree that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved.*

Teen Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent contact number please indicate Cell Phone or Home \_\_\_\_\_

Tee shirt will be provided—please indicate size: XL      L      M

**PLEASE FILL OUT THE BACK OF THIS FORM, INCLUDING DISCLAIMER  
MEDICAL PERMISSION**

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I grant permission for the administration of First Aid to \_\_\_\_\_  
(fill in name of child)

by the people in charge of the Agility Trial, and those transporting my child to and from the program as their judgment deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed necessary for my child.

Print Name \_\_\_\_\_ Birth Date: \_\_\_\_\_

Allergic to medication/other? No \_\_\_\_\_ if YES What? \_\_\_\_\_

Medication(s) presently taking:  
\_\_\_\_\_

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**Insurance Information**

Policy in the name of: \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy/Group Number \_\_\_\_\_

Authorized

Physician \_\_\_\_\_ Phone \_\_\_\_\_

**Disclaimer:**

Upon acceptance of attending the agility event at the MAX Sport complex, I/we agree to hold American Kennel Club (AKC) and its members and officers, this Host Club, Blitzen Agility Club of Chicago, its members, directors, officers, agents, show secretary, show Chairperson, show committee and the owner of lessor of the premises and any employees of the aforementioned parties, any sponsors of this event, harmless from any claim or loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of any dog(s) or handler(s) while in or upon the show trial premises or grounds or near any entrance thereto, and I/we further agree to hold the aforementioned parties harmless from any claim or loss. I/we hereby assume sole responsibility for and agree to indemnify and save the aforementioned parties harmless from any and all loss and expense (including legal fees) by reason of the liability imposed by law upon any of the aforementioned parties for damage because of bodily injuries, including death at any time resulting there from, sustained by any person or persons, including myself/ourselves or on account of damage to property, arising out of or in consequence of my/our participation in the Agility Trial, howsoever such injuries, death, or damage to property may be caused and whether or not the same may have been caused by negligence of the aforementioned parties or any of their employees or agents, or any other persons.

I/we agree to abide by the rules of AKC currently in effect at the time of the trial date (August 25,26, 2018). I/we agree to the disclaimer.

\_\_\_\_\_  
signature of attendee and volunteer's parent signature

\_\_\_\_\_  
date

