

Catholic Mutual Group
DIOCESE OF SAN BERNARDINO
Food Ministry Program
ADULT PERMISSION / RELEASE FORM

PARISH _____

I, _____ request to be allowed to participate in the Parish Food Ministry Program, either as a client, recipient or volunteer.

In consideration for making the arrangements for this activity, I hereby release and save harmless the Diocese, Parish, their employees, officers and agents from any and all liability, suits, causes and claims arising to me as a result of, or in connection with, this activity.

It is the client, recipient or volunteer's responsibility not to accept food with ingredients and not to ingest any food with ingredients dispensed by this Ministry, that are known to cause allergic reactions in the client, recipient or volunteer or any persons that the client, recipient or volunteer provides the food for.

By my signature below I have agreed to the terms listed above.

Signature

Date

Optional information for clients or recipients.

Contact person in case of emergency:

Name: _____

Phone Number:
