

## Youth Ministry Parent/Guardian Consent Form & Liability Waiver

Participant's Name:	
Parent/Guardian's Name:	
Complete Home Address:	
Home Telephone:	Date of Birth:
A) Parent/Guardian Emergency Contact Name and Telephone Numbers:	
Name:	Relationship:
Cell Phone:	Work Phone:
B) Alternate Emergency Contact Name and Telephone Numbers:	
Name:	Relationship:
Cell Phone:	Work Phone:
Allergic reactions (please list all known allergic reactions to medications, foods, plants, insects, etc.):	
Medications (please list all prescription medications taken by the participant including prescription number, quantity received, drug strength, expiration date and dosage schedule. This information will be provided to emergency medical care providers if needed).	

I grant permission for my child to participate in this parish/school event. This activity will take place under the guidance and direction of parish/school employees and/or volunteers. A brief description of the activity follows:

Name and type of event:
Location of event:
Date of event:
Time of event:
Individual in charge:

**Code of Conduct:**

- 1. Parent/Guardian:** As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor ("participant"). I agree to instruct my child to

abide by the Youth Participant Code of Conduct and Behavior Guidelines. I agree that if my child fails in any way to abide by Code/Guidelines, my child can be dismissed and sent home immediately with no right of reimbursement or refund for any amount in connection therewith from parish/school or Diocese et al.

2. **Youth:** As a participant, I agree to conform to the Youth Participant Code of Conduct and Behavior Guidelines. I also understand and agree that my parent/guardian will be notified of any infractions requiring my dismissal, and I will be sent home at my parent's/guardian's expense.

**Medical Permissions (Limited):** I grant permission in the event of an emergency or accident for emergency medical care to be administered to my child within facilities and/or during or after transportation to a hospital or doctor for emergency medical care. In the event my child complains of illness, I grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child by medical personnel, parish, school, or the Diocese et al.

**Liability:** I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the parish, school, Diocese, et al, it's officers, directors, employees and agents associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith as a result of such injury or damage, unless such claim arises from the negligence of the parish, school, Diocese, et al.

**Photography and video:**

From time to time, pictures and videos may be taken of your ministry events and gatherings. We would like to be able to use the photographs and videos for flyers, parish and diocesan publications, and websites.

I authorize and give full consent to publish any photograph or video in which the above-named student appears while participating in any program associated with parish/school ministry. There will be no compensation for use of any photograph or video at the time of publication or in the future. Names will not be posted unless written authorization is given by the parent/guardian, and then only first names will be used. If there are concerns about pictures or videos posted on the website, please contact the ministry coordinator or parish/school, and they will promptly be removed.

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Student printed name

Date

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\*Student signature

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Parent/Guardian printed name

Date

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\*Parent/Guardian signature

***\*A typed name or electronic signature does not constitute a signature***