2024/2025

➡ Family Last Name _____

➡ I,_____declare that I have the LEGAL AUTHORITY to arrange for the SACRAMENTAL and SPIRITUAL needs of:

(1) First Name_____ Last Name_____

(2) First Name_____ Last Name_____

(3) First Name_____ Last Name_____

(4) First Name_____ Last Name_____

CONSENT TO PARTICIPATE & LIABILITY RELEASE

I grant permission for my son/daughter to participate in all youth activities and functions.
I understand that as parent/guardian, I remain legally responsible for any personal actions taken by my son/daughter. I recognize the inherent risk associated with the various youth activities that my son/daughter will be participating in.

I agree on behalf of myself, my son/daughter named herein, my heirs, successors, and assigns to indemnify, defend, and hold harmless St. Joseph Catholic Church, Otis Orchards and the Roman Catholic Diocese of Spokane, their employees and/or volunteers from any and all claims (unless due to the Sole or Gross NEGLIGENCE of the Parish) for illness, injury, death, and the cost of medical treatment therewith, arising from or in any way connected with my son/daughter participating and/or attending the various youth programs and activities during this formation year noted above.

In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this release, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all reasonable court costs, reasonable attorneys' fees and expenses incurred by the prevailing party.

AUTHORTIZATION OF CONSENT TO TREAT MINOR

I hereby authorize St. Joseph Catholic Church, Otis Orchards, its Religious Education leaders, employees, contractors and volunteers as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment is rendered at the office of said physician, at a hospital, or at any other location. It is understood that this authorization is given in advance of any specific treatment or diagnosis but is given to provide authority and power of treatment, or hospital care which the physician in the exercise of best judgment may deem advisable. This authorization is subject to applicable Washington State family law statutes. This authorization shall remain effective for up to one year from the date of completion of this form, unless sooner revoked in writing, delivered to said agent(s). In consideration of acceptance of this authorization, but without any time limitation and without any future right of revocation, I/we hereby release, defend and hold harmless the Parish and Roman Catholic Diocese of Spokane, their officers, directors, agents, employees, volunteers, youth ministry leaders, and contractors from all claims, liabilities and loss in any way arising out of or in connection with or relating to such treatment and treatment decisions.

AUDIO/VISUAL RECORDING & PHOTOGRAPHY CONSENT

On occasion, video recording, audio recordings, photographic slides, and photographs are taken of children and youth during church and diocesan sponsored activities. These are utilized in newsletters, websites, event promotions, other printed media, and at times classes/gatherings may albeit rarely occur online through social media/streaming/video platforms and may be recorded. By signing below, you acknowledge that you are aware that your child's image may appear in photographs/videos or other forms of media as described above.

I do consent to the use of such materials in which my child, _____ may appear. I release the staff and volunteers of St. Joseph Catholic Church, Otis Orchards WA and the Roman Catholic Diocese of Spokane from any liability connected with the use of my child's picture/image or audio/video recording as part of any of the above or similar activities.

MEDICATION ADMINISTRATION

I UNDERSTAND THAT NO ORAL MEDICATION WILL BE ADMINISTERED TO MY SON/DAUGHTER UNLESS THE SITUATION IS LIFE-THREATENING AND EMERGENCY TREATMENT IS REQUIRED. IN ADDITION, I UNDERSTAND THAT IF MY CHILD(REN) REQUIRE(S) AN EMERGENCY INJECTION DEVICE (EPI-PEN), A DIABETIC INJECTION, A RESCUE INHALER, OR ANY OTHER SPECIAL NEEDS, A PARENT MUST REMAIN ON THE ST. JOSEPH PROPERTY AND BE READILY AVAILABLE TO ADMINISTER MEDICAITONS.

X_____ _____/_____/_____

Signature of Parent or Guardian Date