

DIOCESE of TULSA
and Eastern Oklahoma

12300 E. 91st St. South, Broken Arrow, OK 74012
P.O. Box 690240, Tulsa, OK 74169-0240

First and Last Name of Participant: _____

LOCAL FIELD TRIPS, OFF-SITE EVENTS & PILGRIMAGES FOR ADULT PARTICIPANTS & FOR ANY MINORS UNDER THEIR CARE: INFORMATION & PERMISSION FORM

The following Permission Form is information about a local field trip, off-site event, pilgrimage, conference, or other similar event ("Event") as provided by a Diocesan Entity, a part of the Roman Catholic Diocese of Tulsa & Eastern Oklahoma ("Diocese"), for adults ("Participant") and for any minors under the care of the Participant, as applicable (e.g., parents and children attending the same Event).

EVENT INFORMATION

(To be filled out by the pastor, his delegate, or Chancery employee)

Name of the Diocesan Entity hosting the Event: _____

Name of place to be visited: _____

Address/Location: _____ City/State: _____ Zip: _____

Educational/Formational purpose of the Event: _____

Date of Event: _____ Time leaving: _____ Returning: _____

Cost: \$ _____ Pack a Meal: ☐ Yes ☐ No (Included in price or not part of the trip)

Transportation provided by: _____

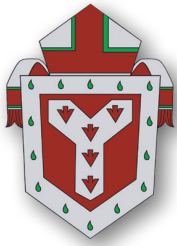
Field Trip Coordinator(s): _____

Other Important Information: _____

PERMISSION FORM & GENERAL RELEASE

1. Emergency Medical Care: The undersigned Participant hereby certifies that, to the best of his or her knowledge, he or she is physically able to participate in the Event. If the situation arises that the Participant is in need of immediate emergency care, and the Participant is unable to consent to medical care, the Participant consents to receiving emergency medical treatment at the sole discretion of the Diocese. The Participant accepts full responsibility for any and all costs associated with his or her the medical care. If the Participant is aware of any medical conditions, e.g., food or other allergies, adverse reactions, disabilities, or other condition that the Participant believes should be disclosed to the Diocese the Participant may list and explain as follows:

Emergency Contact Name: _____ Emergency Contact Telephone Number: _____



2. **Media Release:** The Participant understands that the Event may be photographed, videotaped, or recorded and hereby grants permission to the Diocese to use the image and likeness of the Participant, in the sole discretion of the Diocese, in any and all diocesan media. Parties agree that compensation for the image and likeness of the Participant is limited to the adequate and valuable consideration described herein. Certain events, e.g., the Holy Mass and other large scale events, should be considered public events. Whether the Participant consents to this Media Release does not affect the ability of the Participant to engage in the Event. The Participant consents to this Media Release unless otherwise marked to the contrary: ☐ I do not consent to this Media Release.

3. **Waiver and Release:** Participant hereby releases, forever discharges, and agrees to hold harmless the Diocese, including its successors, assigns, affiliates, directors, officers, employees, and agents, from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from any matter related to the Participant engaging in or otherwise participating in the Event, including any and all matters related to COVID-19, except to the extent arising out of the gross negligence or intentional misconduct of the Diocese. Participant acknowledges and understands that he or she is releasing the Diocese from any and all liability for injury, illness, death, or property damage resulting from any matter related to the Participant engaging in the Event to the fullest extent permitted by Oklahoma law.

4. **Assumption of Risk:** Participant hereby acknowledges the risks, including all risks associated with potentially high-risk activities, e.g., sports, of being involved in any way in the Event and hereby expressly assumes any and all risk of injury, illness, and harm associated with the Participant engaging in the Event.

5. **Minors:** As applicable, Participant hereby agrees and understands that all provisions of this Permission Form, including but not limited to, **Section 3** and **Section 4** of this Permission Form, are also made on behalf of any minor(s) under their care to the fullest extent permitted by Oklahoma law. Participant agrees to help assist, explain, and stress the importance of any rules, guidelines, or behavioral standards of the Diocesan Entity to the minor(s) under their care, as age appropriate. If applicable, list the name(s) and age(s) of the minor(s): _____.

6. **General Provisions:** This Permission Form contains the entire agreement and understanding between the Diocese and the Participant and supersedes all prior and contemporaneous agreements and understandings. The provisions of this Permission Form are independent of and severable from each other, and no provision will be affected or rendered invalid or unenforceable by virtue of the fact that for any reason any other or others of them may be invalid or unenforceable in whole or in part. This Permission Form is governed by the laws of the State of Oklahoma. Parent agrees, in the event of a dispute regarding this Permission Form, venue is proper in a Court of competent jurisdiction in Tulsa County, Oklahoma, and Parent waives any objection to such venue. The paragraph or section headings herein are for convenience only and do not define, limit, or construe any contents of such paragraphs or sections. The Diocese is an Oklahoma not for profit corporation sole.

I, the undersigned Participant, certify that I have read this Permission Form in its entirety, that this is a legally binding waiver and release of liability, and that I am at least eighteen (18) years of age. I sign this Permission Form voluntarily and of my own free will on my behalf and on behalf of any minors under my care. I understand that this Permission Form is **mandatory** for my participation and the participation of any minors under my care in the Event.

Printed Name of Participant

Signed Name of Participant

Date Signed ("Effective Date")

Document Retention Policy: Diocesan entities are required to store and otherwise retain this document for a period of two (2) years from the Effective Date. A digital copy of this document is sufficient for the purposes of this retention policy. This document, hardcopy or digital, may be provided to the Chancery for storage at the discretion of the diocesan entity.