

**Our Lady of the Wayside, Holy Angels, Sacred Heart,
and St. Francis Xavier Churches
Southern Maryland Roots Youth Group – Event Permission Form**

Event Name: _____ Event Date: _____

Youth Participant Name: _____ Date of Birth: _____

School Attending and Grade: _____ Email: _____

Parent's Name(s): _____

Home Address: _____

Parents: Home Ph: _____ Cell Ph: _____ Work Ph: _____

In the event of an emergency, if you are unable to reach me, please contact:

Name & Relationship: _____ Ph: _____

Medical Waiver: I understand that Our Lady of the Wayside, Sacred Heart, Holy Angels, St. Francis Xavier, and the Archdiocese of Washington does not provide insurance for my child during Youth Group activities. This is my sole responsibility as the parent/legal guardian. If I cannot be reached, I hereby grant permission for my son/daughter to be evaluated, diagnosed, treated, and/or medicated in accordance with the standard medical practice by licensed medical personnel. Check one of the following:

☐

I am covered by hospitalization and medical insurance under policy # _____
issued by _____ (please update as necessary)

☐

I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.

I hereby grant permission to any staff person to provide the following over-the-counter drugs to my son/daughter if requested by my son/daughter (circle all that apply): Tylenol Benadryl Advil Sudafed Midol Neosporin Pepto Bismol

Please add any other information concerning medication, allergies, illness, or dietary restrictions on the back of this form.

Liability Waiver: As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Our Lady of the Wayside, Sacred Heart, Holy Angels, and St. Francis Xavier Churches their employees, officers, directors, and agents, and the Archdiocese of Washington, chaperones, or representatives associated with the event (collectively referred to herein as the "Church"), from any liability arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the Church for reasonable attorney's fees and expenses arising in connection therewith.

Photo/Video/Publicity Waiver: Archdiocese of Washington, chaperones, or representatives associated with the event (collectively referred to herein as the "Church"), from any liability arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the Church for reasonable attorney's fees and expenses arising in connection therewith.

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by Our Lady of the Wayside, Sacred Heart, Holy Angels, St. Francis Xavier Churches and the Archdiocese of Washington. I hereby waive any right to compensation, fee or royalty for my child, the participant or our successors, heirs or assigns in connection with the production or use of the aforesaid materials.

Parents/guardians who do not wish their child to be photographed or filmed should notify the parish in writing. Please note that the parish has no control over the use of photographs or film taken by media that may be covering the event in which your child participates.

Parent Signature: _____ **Date:** _____

As a participant of Southern Maryland Roots Youth event, I agree to behave appropriately and participate fully in this event. I understand that my parents/legal guardian will be notified immediately of any inappropriate behavior and that I will be sent home *at my own and/or my parent/ legal guardian's expense.*

Youth Participant Signature: _____ **Date:** _____