PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

All pages must be filled out and signed for each participant.
Please turn in to the registration coordinators prior to participating in any activities.
No minor will be allowed to participate unless form is turned in.

Participant's name: _____

Birth date: _____ Gender: _____

Parent/Guardian's name:_____

Home address: _____

Parent/Guardian's mobile phone: _____Business phone: _____

I, _____(parent/guardian) grant permission for my child, named above, to participate in this event that may require transportation to a location away from a church site. This activity will take place under the guidance and direction of volunteers and/or employees from the Catholic Diocese of Brownsville. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

ABOUT THE EVENT:

Event/Activity: _____

Type of work expected to be performed: _____

Date(s):_____

Location: _____ Cost (if any): _____

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Diocese of Brownsville, the bishops, its officers, directors, employees, and agents, and the chaperones, volunteers, or representatives and related entities associated with the event, from any and all liability claim, loss or damage arising from or in connection with my child attending the event, or in connection with any injury, accident, illness, or death occurring during or by reason of participation in this activity, or any cost of medical treatment in connection therewith. Furthermore, I agree to compensate the Diocese of Brownsville, the bishops, its officers, directors, employees, and agents, and the chaperones, volunteers, or representatives and related entities associated with the event for reasonable attorney's fees and expenses which may incur in any legal action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the diocese.

Signature (parent/guardian): _____ Date: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, parent/guardian please sign only those that are applicable.)

Medications:

1. If my child is taking medication at present, my child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

_____

Signature: _____

2. No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____

3. I hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: _____ Phone: _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of Brownsville, chaperones, or volunteer staff associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called as soon as it is reasonably possible.

Signature: _____

Specific Medical Information: The event coordinators will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.):_____

Immunizations: _____ Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, list date and disease or condition: _____

You should be aware of these special medical conditions of my child:

_____

Signature (parent/guardian): _____ Date: _____

PHOTOGRAPH AND AUDIO/VIDEO CONSENT FORM:

By participating in this event/activity, you are made aware that photography, audio recording, video recording and its/their release, publication, exhibition, or reproduction may be used for news, web casts, promotional purposes, telecasts, advertising, inclusion on websites, social media, or any other purpose by the Diocese of Brownsville and its affiliates and representatives.

Images, photos and/or videos may be used to promote similar Diocese of Brownsville activities in the future, highlight the activity and exhibit the capabilities/services of the Diocese of Brownsville. You release the Diocese of Brownsville, the bishops, its officers and employees, and each and all persons involved from any liability connected with the taking, recording, digitizing, or publication and use of interviews, photographs, computer images, video and/or sound recordings.

Furthermore, by entering such spaces, physical or virtual, you waive all rights you may have to any claims for payment or royalties in connection with any use, exhibition, streaming, web casting, televising, or other publication of these materials, regardless of the purpose or sponsoring of such use, exhibiting, broadcasting, web casting, or other publication irrespective of whether a fee for admission or sponsorship is charged. You also waive any right to inspect or approve any photo, video, or audio recording taken by the Diocese of Brownsville or the person or entity designated to do so by the Diocese of Brownsville.

Written consent of both the child and at least one parent/guardian is required. Names will not be posted unless written authorization is given by the child and 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 activity coordinator or webmaster, and they will promptly be removed.

I/We, the parent(s)/guardian(s) of this youth (name) _____, authorize and give full consent, without limitation or reservation, to the Diocese of Brownsville and related entities coordinating this event to publish any photograph or audio/video in which the above named youth appears while participating in any program associated with this event and related activities. There will be no compensation for use of any photograph or video at the time of publication or in the future.

By signing, you agree that you have been fully informed of your consent and waiver of liability. This release will remain valid until revoked in writing, with no retrospective effect.

Youth's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____