

**2017- 2018 CAMPUS / YOUTH MINISTRY  
PERMISSION FORM AND RELEASE**

**(PLEASE PRINT)**

Youth Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Male / Female (**circle**)

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

School currently attending: \_\_\_\_\_ Grade \_\_\_\_\_

Parish attending: \_\_\_\_\_

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I hereby grant permission for my child to participate in any and all activities associated with and sponsored in whole or in part by/at St. John Catholic Church and for my child to be transported to, from, and during such activities by an approved volunteer or employee or by a third-party transportation company (the "Activities").

In consideration of the opportunity for my child to participate in the Activities, I knowingly and voluntarily on behalf of myself and my child do hereby agree to forever **RELEASE, HOLD HARMLESS AND INDEMNIFY** St. John Catholic Church and the Roman Catholic Archbishop of Baltimore and his successors, a Corporation Sole, and each of their affiliate organizations, agents, employees, officers, directors, volunteers, officials, representatives, agents, insurers, students, and other participants (collectively, the "Church") to the fullest extent permitted by law from any and all liability, claims, demands, and causes of action arising out of or relating to any loss, damage, or injury (including death) sustained in connection with or arising out of my child's participation in the Activities, including any and all actions taken by the Church pursuant to this permission form and release agreement. By my signature below, I acknowledge that my child's participation in the Activities involves risk of minor or serious injury, including permanent disability, death, and/or economic losses which might result from my child's actions or inactions, the actions or inactions of others, and the inherent risks of the Activities. I fully understand, appreciate, and hereby assume all such known and unknown dangers and risks related to my child participation in the Activities, including all actions taken by the Church pursuant to this permission form and release agreement, and I have voluntarily elected to allow my child to participate in the Activities.

I understand that my child's participation in the Activities may require a minimum level of fitness for safe participation, and that the Church does not screen, medically or otherwise, individuals that participate in the Activities. I acknowledge that it is my sole responsibility to make certain that my child is physically fit and healthy enough to participate in the Activities.

In case of a health emergency or need of urgent healthcare involving my child, after a reasonable effort has been made to contact me (or if the urgency of the circumstances does not permit an effort to contact me), I authorize and consent to any medical care deemed necessary for the health and safety of my child.

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I hereby authorize the Church to take photographs and video recordings of my child in connection with his/her participation in the Activities. I acknowledge and agree that photographs or video recordings of participants of the Activities, including my child, may be used and published for educational and promotional purposes, including for example such purposes as publications, website content or other print or electronic materials produced from time to time by the Church. (Participants will not be identified by name, however, without specific written consent.) I agree that if I do not wish my child to be photographed or videotaped, I will notify St. John Catholic Church in writing. I understand that the Church has no control over the use of photographs or film taken by media that may be covering the Activities in which my child participates.

**The following emergency contacts have permission to pick-up my child and to make decisions regarding my child on my behalf if the Parish/School is unable to reach me:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**I HAVE READ THE ABOVE RELEASE AGREEMENT, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY, WILLINGLY, AND VOLUNTARILY.**

X

Parent/Guardian Signature

Work Phone

Date of Signature

Cell Phone

**(MUST)** check one of the following)

My son / daughter is covered by hospitalization and medical insurance under policy

# \_\_\_\_\_ issued by \_\_\_\_\_.

My son / daughter is NOT covered by hospitalization and medical insurance and I assume responsibility for the cost of hospitalization and medical care for my son/daughter.

ADD any other medical information concerning allergies, illness, challenges, etc.:

\_\_\_\_\_  
\_\_\_\_\_

ADD any dietary restrictions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_