

Sacred Heart Parish Adolescent Youth Ministry Consent & Liability Waiver

IMPORTANT: This form is to be filled out by the Parent/Guardian/Custodian for a youth under 18 years of age. If participant is 18 years of age or older, consent must be signed by the individual. Participant must have a signed Consent & Liability Waiver on file in the Youth Office to participate in any youth activities. **Please print clearly.**

PERMISSION TO PARTICIPATE

I (name of parent/guardian/custodian) _____ grant permission for my child,

(Participant's name) _____, to participate in activities with Sacred Heart Parish during the time beginning August 20, 2010 through August 19, 2011. I agree to allow the above to be transported when necessary by bus, van or car, driven by a designated adult, for youth activities for the period beginning August 20, 2010 and ending August 19, 2011. I agree on behalf of myself, my child's other parent, if known or living, (name of other parent) _____, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Archdiocese of Galveston-Houston, Sacred Heart Parish, (it's presbyters, ministers, other agents, etc.) or any representatives associated with the scheduled activities, unless the parties involved should be proven negligent.

Signature(s) (Parents/Guardian/Custodian)

Date

Signature (Participant 18 years of age or older must sign)

Date

PHOTOGRAPHY CONSENT

As Parent/Guardian, I understand that promotional pictures (individual and group) will be taken during activities. I give permission for my son's/daughter's picture(s) to be used for promotional materials (parish newsletters, web page, calendars, power-point, etc) in highlighting events.

Signatures (Parents/Guardian/Custodian)

MEDICAL AUTHORIZATION & RELEASE

I hereby warrant to the best of my knowledge, my child (name) _____ is in good health, and I assume all responsibility for the health of my child. IN CASE of illness, injury, or accident, I give my permission for any necessary emergency medical treatment.

Signatures (Parents/Guardian/Custodian)

Contact me @ Home _____ Work _____

Cell _____ Other _____

Email _____ @ _____

Nearest Relative/Friend _____

Phone _____ Cell _____

Family Doctor _____ Phone _____

Special Diet/Medication/Allergies _____

(If in agreement, **Please Initial**) I hereby grant permission for nonprescription medications (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter.