

Diocese of Gary Activity Release Forms

Participant Information

Name _____

Street _____

City _____ ST _____ Zip _____

Phone _____ Date of Birth _____ Grade _____

Name(s) of Mother & Father (or legal guardians): _____

Parent's address (If different from your own):

Street _____ Phone _____

City _____ ST _____ Zip _____

Insurance Company _____ Policy Number _____

Activity Information (be specific):

Parish/Organization: _____

Activity: _____

Place: _____

Date of Activity: _____

Adult Chaperone: _____ Day of Event Phone: _____

Permission and Medical Treatment Waiver

I, _____, the parent/guardian of _____ do hereby give my permission for him/her to attend the above activity and to be treated for a medical emergency in my absence while participating in the Youth Ministry program. The Youth Minister or Adult supervisor may act as an agent in my absence. In case of accident, I do not hold the Diocese of Gary, the parish, its staff, or the adult chaperones responsible.

In case of emergency, if I am not available at the above address and phone, please contact:

Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Special Dietary Needs: _____

Medications: _____ Allergies: _____

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Parent Authorization and Waiver of Risk For Travel

I hereby give my consent for my daughter/son, *(name)* _____, to participate in
(event) _____, including traveling from and to
(location) _____.

(S)he will be traveling by *(means of transportation)* _____.

I understand that neither the Diocese of Gary, the Parish, the Parish Youth Minister, the Parish Chaperone, nor the staff is liable in the event of an accident or injury to my child. I also assume full responsibility for the consequences of my child's actions during these activities.

Waiver of Risk

I understand that, despite careful and proper preparation, there is still a risk of injury when participating in any activity.

In consideration for the Diocese of Gary, the Parish, and Office of Youth Ministry, or any other participating organization, permitting my child to participate in the above activity, I agree to indemnify, defend, hold harmless and release the Diocese of Gary, the Parish, and Office of Youth Ministry, or any other participating organization, and their officers, agents, representatives, employees and volunteers, against and from any and all claims, suits, losses, costs, damages, expenses, and liability arising out of any act or omission or other occurrence, whether or not caused by or resulting from this activity, the Catholic Diocese of Gary, Parish, and Youth Ministry, or any other participating organization, their agents, representatives, employees, and volunteers during the course of the activity in which he or she is participating.

Date

Signature of Parent or Legal Guardian

Diocese of Gary Release Forms

Payment and Indemnity Hold Harmless Agreement

I, *(parent/guardian)* _____, hereby agree to assume full responsibility for the payment of all debts incurred by my child, *(name)* _____, during his/her visit to *(event)* _____ and to reimburse the Diocese of Gary (and any other participating organizations) for any damages suffered by it due to my child's acts during the trip.

Waiver of Risk

I understand that, despite careful and proper preparation, there is still a risk of injury when participating in any activity.

In consideration for the Diocese of Gary, the Parish, and Office of Youth Ministry, or any other participating organization, permitting my child to participate in the above activity, I agree to indemnify, defend, hold harmless and release the Diocese of Gary, the Parish, and Youth Ministry, or any other participating organization, and their officers, agents, representatives, employees and volunteers, against and from any and all claims, suits, losses, costs, damages, expenses, and liability arising out of any act or omission or other occurrence, whether or not caused by or resulting from this activity, the Catholic Diocese of Gary, Parish, and Youth Ministry, or any other participating organization, their agents, representatives, employees, and volunteers during the course of the activity in which he or she is participating.

Authorization for Medical Care

I authorize the Diocese of Gary (and any other participating organization) to procure, at my expense, any medical care reasonably required for my child during the trip.

In the event of an emergency, please notify *(please provide name, address, and phone numbers)*:

This Payment and Indemnity Hold Harmless Agreement means that the undersigned will not file a lawsuit or make a claim on behalf of said child against any of the entities or individuals above and will pay the costs of defense or damage caused by a claim by or on behalf of the undersigned.

Date

Signature of Parent or Legal Guardian