	HEALTH AUTHORIZATION, RELEASE FORM PY OF THIS FORM AT ALL YOUTH MINISTRY ACTIVITIES	
Child's Name	Parish	
Address	Phone	
School	GradeBirth Date	
Parent/Guardians Name	Home Phone	
Address	Work Phone	
Pager or other Number		
IN CASE OF EMERGENCY, N	IOTIFY PERSON OTHER THAN PARENT/GUARDIAN:	
Name	Phone	
	ALTH AND MEDICAL INFORMATION	
HEA	ALTH AND MEDICAL INFORMATION Address	
HEA Family Physician	ALTH AND MEDICAL INFORMATION	
HEA Family Physician Medical Plan Do you authorize the adult leade considered necessary by the atte State any reasons why you do no	ALTH AND MEDICAL INFORMATION  Address Phone Plan Number r to authorize medical treatment for your child in an emergency, as	
HEA Family Physician Medical Plan Do you authorize the adult leade considered necessary by the atte State any reasons why you do no emergency: Has your child had difficulty wir Asthma Fainting Spells Convuls	ALTH AND MEDICAL INFORMATION          Address         Phone         Plan Number         er to authorize medical treatment for your child in an emergency, as nding phsycian? □Yes □No         ot want medical care given to your child in an         th the following (circle all that apply):         sions       Diabetes	
HEA Family Physician Medical Plan Do you authorize the adult leade considered necessary by the atte State any reasons why you do no emergency: Has your child had difficulty wir Asthma Fainting Spells Convuls Eyes Ears Nor Menstrual Problems Other	ALTH AND MEDICAL INFORMATION          Address         Phone         Plan Number         er to authorize medical treatment for your child in an emergency, as nding phsycian? □Yes □No         ot want medical care given to your child in an         th the following (circle all that apply):         sions       Diabetes	

State the date of your child's last physical examination:

(COMPLETE BACK OF FORM)

## Parental Permission and Acknowledgment of Conditions for Participating in Program

- 1. I/we, parent or authorized guardian of the child named above given permission for his/her participation in\_\_\_\_\_\_, and all related activities, including but not limited to transportation to and from this youth ministry event.
- 2. I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from Youth Ministry staff or adult volunteer leaders.
- 3. I /we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in this event, whether or not caused by the negligence of parish, youth ministry program employees, agents or volunteers or other participants.
- 4. I/we understand that youth participating in youth ministry events risk injury to the body, psyche or property damage to themselves and others. Such injuries can be caused by other persons or facilities, vehicle accidents while in transport or through the activity itself.

## RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to participate in\_\_\_\_\_\_, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland (Diocese) for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest an on behalf of the minor child agrees:

- To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releases") from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche or property of the participant, whether caused by negligence or other conduct by the Releases while the participant is participating in this event or in, upon or about the premises of the Diocese or any of its facilities or equipment.
- 2. To indemnify and hold harmless the Releases from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any youth ministry activities whether caused by the negligence of Releasees or otherwise.
- 3. That the participant has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements or inducements apart form the contents of this written Agreement have been made.

## **Model Release Statement**

I hereby *(circle one)* GRANT/ DECLINE permission for my child(ren) named on this form to be photographed and/or videotaped during Youth Ministry & Faith Formation Activities and events; and for the resulting photographs and/or videotaped footage to be edited, if necessary, and be published and/or broadcast (newspaper, church bulletin, church/diocesan website, etc) for the purpose of promoting the activities of \_\_\_\_\_\_ (Name of Parish)

I have read this Agreement and understand everything written above.

	Date	
Signature of Parent or Guardian		
	Date	

Signature of Parent or Guardian