

**Church of St. Catharine**

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**St. Catharine’s Youth Ministry Consent and Release Form**

***Event Information***

Event: Embrace Kids Holiday Party Location: Robert Wood Johnson Hospital, New Brunswick

Date/Time: Saturday, December 20<sup>th</sup> 9:30 am – 3 pm

***Participant Information***

Name: \_\_\_\_\_ Parish: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

***Consent and Release Information***

*[Please read the following very carefully]*

**General:**By signing this waiver form, I acknowledge that I/my child am/is physically and mentally able to participate in you ministry activities. I acknowledge that there are certain risks involved in said activities. I release The Diocese of Trenton, its affiliates, volunteers, and employees of all responsibilities for any injuries, to body or property, which may occur to me during the course of these activities. In the event of an emergency in which I, or the alternate contact, cannot be reached, I authorize the adult leaders to make medical decisions for me, and to administer first aid if deemed necessary. I further agree to indemnify and hold harmless The Diocese of Trenton and its affiliates, volunteers, and employees of any and all claims arising from the participation in activities or as a result of injury or illness during such activities. I have read the Waiver Form and I am fully aware of its contents.

**Publicity:**On occasion, The Diocese of Trenton takes photographs or makes an audio or video recording of children and/or adults involved in parish/school/youth activities. I consent to the use of any such photographs, or audio or video recordings of the individual named above to be used, distributed or displayed as agents of the Diocese of Trenton see fit (ex: Diocesan websites; Facebook; YouTube; Diocesan blog; the Monitor, etc.).

**Transportation:** I hereby grant the Diocese of Trenton and its agents to transport my child during the aforementioned event. Transportation to and from said event is to be decided between myself and the Youth Ministry program to which my child belongs. I understand that this event/activity/retreat may take place outside of my parish and that it is under the direction and guidance of the Diocese of Trenton along with supervision of other volunteers/employees. I agree that in consideration of our child being permitted to join said event/activity/retreat, we hold each harmless and indemnify the Parish and DOT and their agents against any and all forms of claims for injury to our child involving said event/activity/retreat.

***Signatures***

*[Parent/Guardian Signature is not required for young adults age 18 and over]*

**Participant-Print Name:** \_\_\_\_\_ **Sign Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian-Print Name:** \_\_\_\_\_ **Sign Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_