

**DIOCESE OF FAIRBANKS
PERMISSION FORM AND RELEASE**

Name of Participating Child (Print) _____ Birth Date _____

Address _____

Work Phone: _____ Mobile Phone: _____

Home Phone: _____ Email address: _____

Emergency Contact (name and telephone number): _____

As parent or guardian of my son/daughter, I do hereby agree to allow my son/daughter to participate in the following activity (event/date/time):

I acknowledge receipt of the attached information sheet describing the planned activity.

In consideration of the opportunity for my son/daughter to participate in the activity, the receipt and sufficiency of which are acknowledged, I knowingly and voluntarily on behalf of myself and my minor child do hereby agree to forever RELEASE, HOLD HARMLESS AND INDEMNIFY _____, the Office of Youth & Young Adult Ministry, the Catholic Bishop of Northern Alaska and his successors, a Corporation Sole, and all their affiliate organizations, and respective agents, employees, officers, directors, volunteers, and any officials, referees, and other participants (the Released Parties) from any 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 son/daughter's participation in the activity. By my signature below, I acknowledge that my child's participation in the activity involves inherent 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 negligence of others, the inherent risks of the activity, the rules of play, the condition of the premises, or of any equipment used. I have voluntarily elected to allow my child to participate, and I fully understand, appreciate, and hereby assume all such dangers and risks.

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

Videography and Photography

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the parish/school, Office of Youth and Young Adult Ministry or the Diocese of Fairbanks. (Participants will not be identified, however, without specific written consent.). Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify an activity staff member. Please note that the Released Parties have no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

Medical Information

I understand that the Released Parties do not provide medical treatment or medical, health or other insurance coverage for my child, however, I hereby grant permission for any staff member of the activity to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that I cannot be reached.

Medications

_____ I hereby grant permission for my child to take the following provided medications. My child will bring all such medications, well labeled. [NOTE: Any/all prescription medications must be in original pharmacy container with young person’s name on the prescription label. Non-prescription/over-the-counter medications must be in original container with young person’s name on the container.]

Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows:

Medication: _____ Dosage: _____ Administer: _____

Medication: _____ Dosage: _____ Administer: _____

Medication: _____ Dosage: _____ Administer: _____

Medication: _____ Dosage: _____ Administer: _____

Medication: _____ Dosage: _____ Administer: _____

Medical Conditions Information:

My son/daughter:

- Is allergic to the following medications _____
- Has had allergic reactions to the following (foods, dyes, latex, etc.) _____
- Has had a medical surgery within the last six months? _ Yes _ No Still under doctor’s care? _ Yes _ No
- Has a medically prescribed diet (*please explain*) _____
- Has the following physical limitations _____
- Immunizations current and up to date? _ Yes _ No Date of last tetanus/diphtheria immunization _____
- You should also be aware of these special medical conditions of my child: _____

The primary care provider for my child is: _____. They can be reached by phone at _____. I am covered by hospitalization and medical insurance under: policy# _____ issued by _____

I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.

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

Signature of Parent/Guardian _____ Date _____

Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

Name of Parent/Guardian _____

YOUTH PARTICIPANT: In signing the line below I agree to abide by any/all policies established for this event/activity. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent/guardian’s expense.

Signature of Youth _____ Date _____