

**LIABILITY RELEASE
FOR CONFIRMATION AND YOUTH MINISTRY EVENTS
HELD ON PARISH GROUNDS**

Program: Participation in San Antonio Church's Youth Ministry Program (including Youth Ministry, Confirmation Preparation and other Parish events and activities.) This authorization is valid for all Youth Ministry events held on San Antonio Church grounds from today's date through June 2011. Please note: A separate release form is required for all events not occurring on San Antonio Parish grounds.

Participant's Name (First, Middle Int., Last) : _____

Street Address: _____

City: _____ State CA Zip Code: _____

Home Phone Number: () _____ Birth Date: _____

Mother/Guardian's Name: _____ Phone Number: _____

Cell Number: _____

Father/Guardian's Name: _____ Phone Number: _____

Cell Number: _____

Name of emergency contact: _____ Phone Number: _____

Family Physician: _____ Phone Number: _____

Insurance Company: _____ Policy #: _____

Allergies/Medical Problems/Disabilities: _____

I, the parent/guardian of the above named child, hereby give my permission for his/her participation in the above named activities. I agree to direct my child to cooperate and conform with directions and instructions of parish, school, or diocesan personnel responsible for these activities.

As a condition of my child being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations including but not limited to the Roman Catholic Bishop of Orange, a corporation sole, and their officers, employees and volunteers from any and all claims from personal injuries of property damage that he/she may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damages are caused by the negligence, active or passive, of any of the entities, individuals named or described above.

I agree that in the event my child is injured as a result of his/her participation in the above named activities – including transportation to and from these activities, whether or not caused by the negligence, active or passive of the parish, school, or diocesan youth activities program, or any of its agents or employees. Recourse for the payment of any resulting hospital, medical or dental treatment or related cost and expenses will be first had against any accident, hospital, medical or dental insurance or any available benefit plan of mine or my spouse. I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any activity.

I hereby authorize the making of photographs, motion pictures, video tapes, recordings or other memorialization of said events and my child's participation therein and the publication and duplication of other use thereof. I hereby waive any right to compensation or any right that I otherwise might have to limit or to control such making or use.

I hereby give permission to the physician, nurse, dentist or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed care staff.

Signature of Parent or Guardian _____ Date _____

WAIT!!! YOU'RE NOT DONE YET! Please indicate your teen's t-shirt and sweatshirt sizes ...

Adult sizes

Teen's T-shirt size: S M I XI XXI Sweatshirt size: S M I XI XXI

