



## Minor Permission & Release

The form will not be accepted unless it's completely filled out.

### Event Information: Please Print Legibly

Event/Program: \_\_\_\_\_

Location: \_\_\_\_\_

Date(s): \_\_\_\_\_

### Student Information: Please Print Legibly

Enrolled In:  Confirmation I  Confirmation II

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Emergency Contact Information (Other than Parent): \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

### Refund/Cancellation Policy

The Diocese of Orange reserves the right to cancel or change the venue of programs based upon attendance without prior notice.

Refunds will be credited toward a future program unless otherwise noted.

I, the parent (guardian) of \_\_\_\_\_, hereby give my permission for his/her participation in the above named activity. I agree to direct my child to cooperate and follow directions and instructions of parish, school or diocesan personnel responsible for this activity.

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 for personal injuries or 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 damage 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 this activity, 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, dental treatment or related costs and expenses will be first be 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 that would render it inappropriate for him/her to participate in any activity.

I hereby authorize the making of photographs, motion pictures, videotapes, recordings, or other memorializing of said event and my child's participation therein, and the publication and duplication or 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.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_