

Youth Offsite Consent and Waiver Form

rev. 10/2012

School/Parish: _____ City: _____ School/Parish Year: 20__ - 20__

OFF-SITE CONSENT AND WAIVER FORM for YOUTH ACTIVITIES

This Form is required of all youth for trips/activities, including field trips, outside your local area (more than sixty (60) miles from your parish or school). It must be used for all overnight trips.

Name of Activity: _____ (hereinafter referred to as the **Activity** and more fully described below).

(Please print)

Participant's Name: _____ Birth Date: _____ Age: _____ Girl/Boy: _____

Address: _____ City/State: _____ Zip: _____

Home Telephone: (____) _____ Work (____) _____ Cell (____) _____

Participant resides with (check all that applies): Mother Father Guardian(s) _____

Custodial Parent/Legal Guardian's Name: _____

Address: _____ City/State: _____ Zip: _____

Home Telephone: (____) _____ Work (____) _____ Cell (____) _____

Emergency Contact: _____ Relationship: _____

Home Telephone: (____) _____ Work (____) _____ Cell (____) _____

2nd Emergency Contact: _____ Relationship: _____

Home Telephone: (____) _____ Work (____) _____ Cell (____) _____

PARTICIPATION PERMISSION: I, the undersigned, am custodial parent/legal guardian of Participant and request that he/she be to allowed participate in the Activity to be held at (Name of Event/Activity) located in (City/State) on (Dates of travel to event, event and return), including travel time and all events and activities related to said Activity. Transportation is being provided by (Name of transportation provider). I understand that in the event Participant fails to conduct herself/himself in a manner consistent with the policies of (School/Parish), she/he may be requested to leave the Activity and return home at my expense and that additional disciplinary action may result.

LOST OR STOLEN ITEMS: I hereby understand and agree that neither the Diocese of Tulsa, nor (School/Parish), nor any of their respective employees, directors, officers, agents, representatives and/or volunteers shall be held liable for any of my or my child's personal property lost or stolen during participation in the Activity.

MEDICAL INFORMATION: Is Participant taking any medications **OR** have any medical conditions (e.g., diabetes, epilepsy, heart conditions, etc.) yes no **If yes**, explain (attach additional sheets as necessary): _____

Does your child have any allergies? (e.g., insects, hay fever, strawberries, peanuts, etc.) yes no **If yes**, explain (attach additional sheets as necessary): _____

Does your child have any allergies or adverse reactions to medications? (e.g., penicillin, ibuprofen, acetaminophen, etc.) yes no **If yes**, explain (attach additional sheets as needed): _____

Does your child have any disabilities or physical or developmental limitations? yes no **If yes**, explain (attach additional sheets as necessary): _____

Participant's Primary Physician: _____ Telephone: (____) _____

Health Plan Carrier: _____ Group#: _____ Policy#: _____

Name of primary insured: _____ Date of last tetanus immunization: _____

_____ (Parent Initial)

REQUEST AND AUTHORIZATION TO ADMINISTER MEDICINES: I request and authorize the staff of the Activity to administer the medicines listed below to Participant, as indicated:

Name of Medicine

Dosage

Frequency

1. _____

2. _____

NOTE: ALL

MEDICINES TO BE TAKEN OR ADMINISTERED MUST BE ARRANGED FOR IN ADVANCE AND MUST BE PROVIDED IN THEIR ORIGINAL PHARMACY CONTAINER, INCLUDING THE PARTICIPANT'S NAME AND DOCTOR'S INSTRUCTION. (Attach extra pages if necessary)

I hereby **grant** **do not grant** permission for non-prescription medication (such as non-aspirin products, i.e., acetaminophen or ibuprofen, throat lozenges, etc) to be given to Participant, if deemed appropriate.

Parent/Guardian Signature: _____ **Date** _____

CONSENT TO TREATMENT OF PARTICIPANT: I am the custodial parent or legal guardian of Participant. I hereby warrant that to the best of my knowledge, Participant is in good health and physically able to participate in the Activity and I assume all responsibility for the health and physical condition and ability of Participant to so participate.

In the event of circumstances that indicate that Participant is in need of immediate medical care, I authorize and give permission for Participant to be transported to a hospital/clinic/medical facility for evaluation and emergency medical or surgical treatment, including any necessary X-ray examination. I authorize any licensed physician or medical center to treat Participant. **I accept full responsibility for any medical or hospital bills associated with the care of Participant.**

LIABILITY WAIVER: In consideration of the arrangement set forth herein, I do on behalf of myself, Participant and our respective heirs, successors, assigns and next of kin, release, waive, hold harmless, defend and covenant **NOT TO SUE or pursue any legal action against, (School/Parish)**, the Bishop of the Diocese of Tulsa, and the Diocese of Tulsa and each of their respective departments, directors, administrators, teachers, officers, agents, representatives, volunteers and employees from any and all actions, claims, demands or liabilities, including without limitation, those for personal injuries or property damage, that I and/or Participant may suffer due to illness or injury suffered by Participant as a result of, or in connection with, participation in the Activity, including the administration of authorized medications, medical treatment and any consequences that may arise as the result of said treatment, including without limitation, travel to and from the Activity, housing, meals and collateral entertainment to the fullest extent permitted by law.

USE OF IMAGE WAIVER: I hereby grant the parish and/or the Diocese of Tulsa permission to use my child's image and likeness in any television broadcast, photograph, video, internet site, audio-recording, and in any and all of its publications, including website entries (collectively "promotional materials") without payment or any other consideration. I understand and agree that these promotional materials will become the property of the parish and/or the Diocese of Tulsa and will not be returned. I hereby irrevocably authorize the parish and/or the Diocese of Tulsa to edit, alter, copy, exhibit, publish or distribute my child's image or likeness for purposes of publicizing or promoting the parish and/or the Diocese of Tulsa's programs, or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my own/my child's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the promotional materials. _____ **(Parent Initial)**

CONDUCT POLICY: I hereby acknowledge the participant is to maintain conduct in a manner consistent with the policies of the parish and/or the Diocese of Tulsa. I understand that failure to do so may result in my child being required to leave the youth activity and/or to discontinue participation in future youth programs and activities at the discretion of the parish, school, and/or the Diocese of Tulsa. Understanding this, my child and I commit to the following **(Parent/Participant 12 years of age and older initial each)**:

_____/____ My child will not possess, obtain, use, or abuse alcohol, tobacco, or any other illegal substances. I understand that failure to abide by this rule will result in my child's immediate dismissal from the youth activity. I also understand that if my child is dismissed, he or she will be sent home at my (parent's or guardian's) expense. I further understand that my child may be required to discontinue participation in future youth activities at the discretion of the parish, school, and/or the Diocese of Tulsa.

_____/____ My child will not possess, obtain, or use a weapon of any kind, *including pocket knives*. I understand that failure to abide by this rule will result in my child's immediate dismissal from the youth activity. I also understand that if my child is dismissed, he or she will be sent home at my (parent's or guardian's) expense. I further understand that my child may be required to discontinue participation in future youth activities at the discretion of the parish, school, and/or the Diocese of Tulsa.

_____/____ My child will maintain decorum and discipline. I understand that, should a discipline problem arise and my child is involved, my child will be immediately dismissed from the activity. I also understand that if my child is dismissed, he or she will be sent home at my (parent's or guardian's) expense. I further understand that my child may be required to discontinue participation in future youth activities at the discretion of the parish, school, and/or the Diocese of Tulsa.

I certify to you that the information contained herein is true and correct to the best of my knowledge and that I fully understand the terms and legal consequences of my execution of this REGISTRATION CONSENT AND WAIVER FORM FOR YOUTH ACTIVITIES consisting of two (2) pages.

SIGNATURE:

Participant's Signature (12 years and up): _____ **Date** _____

Custodial Parent/Guardian Name (please print): _____

Custodial Parent/Guardian Signature: _____ **Date** _____