

Middle School Youth Rally • Youth Permission Form



General Information

Participant's name: _____ Parish: _____

Date of Birth: _____ Age: _____ Gender: _____

Home Address: _____

Parent Cell Phone: _____ Parent E-mail: _____

Parish: _____ City: _____

I, (Parent/Guardian→) _____ grant permission for my child (listed above) to participate in the Diocese of Crookston's *Middle School Youth Rally* that requires transportation to and from the parish. This activity will take place under the guidance and direction of diocesan employees and volunteers. A brief description follows:

Type of event: Middle School Youth Rally

Location of event: Lincoln High School – Thief River Falls, MN

Individual(s) in charge: Robert Noel – Formator for Discipleship

Date of event: Thursday, October 21, 2021

Cost of Event Per Participant: \$45.00

Liability Waiver

PARENT/GUARDIAN, ON BEHALF OF THE CHILD, I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on part of the persons or entities being released from dangerous or property owned, maintained, or controlled by them, or because of their possible liability without fault.

Parent/Guardian acknowledges that this Accident Waiver and Release of Liability Form will be used by Diocese of Crookston, its officers, directors and agents, chaperones, or representatives associated with the activity, and that it will govern my actions and responsibilities at said activity.

Parent/Guardian, on behalf of the child, heirs, executor, and assigns, I hereby:

- (A) WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me, including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: The Diocese of Crookston, their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;
- (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the aforementioned entities or persons from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

Parent/Guardian acknowledges that The Diocese of Crookston and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

Parent/Guardian understands that while participating in this activity, my child may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

This waiver shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND CONTRACT AND I SIGN IT OF MY OWN FREE WILL. BY SIGNING MY NAME BELOW, I AGREE TO THE ABOVE TERMS AND CONDITIONS.

Parent/Guardian Signature: _____ Date: _____

Code of Conduct

The code of conduct for all those participating in this event is one of Christian kindness, respect, and hospitality. It is our goal that each participant be a witness of Jesus' love for all people. Any infraction of the rules may result in the youth's parent/guardian being notified to bring them home immediately. Please read through this section carefully before signing it.

Completion of this agreement is mandatory for attendance.

- No participant may use or possess alcoholic beverages and/or illegal drugs or substances, including tobacco.
- Participants are required to follow the schedule and participate in programs and activities unless exempted for medical reasons.
- Participants and their parents/guardians will be responsible to make restitution for any damages they cause to properties utilized as part of the activity. This includes graffiti, physical damage to the facilities, and the property of others.
- Participants will agree to abide by all the rules set by the directors and leaders, including staying within assigned boundary areas, and other such rules.

I have read the above Code of Conduct and agree to abide by it. I give my child permission to participate in *Diocese of Crookston's Middle School Youth Rally*.

Youth Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Medical Matters I HEREBY WARRANT TO THE BEST OF MY KNOWLEDGE; MY CHILD IS IN GOOD HEALTH.

The Diocese of Crookston will take reasonable care to see that the following information will be used only for its intended purpose and shall not be released to a third party unless necessary for medical treatment of the child.

A) Emergency Medical Treatment:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any treatment by the hospital or doctor. In the event of an emergency where I am unable to make a decision please contact:

Name & Relationship: _____ Phone: _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy: _____ Group: _____

B) Medications:

→) ____ **Initial Here if:** My child is taking medications at present time: My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions, including dosage and frequency of dosage, are as follows:

→) ____ **Initial Here if:** No medication of any type, whether prescription or non, may be administered to my child unless the situation is life threatening and emergency treatment is required.

→) ____ **Initial Here if:** I hereby grant permission for non-prescription medication to be given to my child, if deemed necessary.

C) Special Medical Information:

Allergic reactions (medications, foods, plants, insects, etc.) _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Has child recently been exposed to contagious disease or conditions, such as Covid-19, mumps, measles, chicken pox, etc.? If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____
