

**ARCHDIOCESE OF BALTIMORE
DIVISION OF YOUTH & YOUNG ADULT MINISTRY**

PERMISSION FORM AND RELEASE

Youth Name: _____ Home Phone: _____

Parent Name: _____ Work Phone: _____

Address _____ City/State/Zip _____

E-mail address: _____ Facebook Name: _____

Other number where Parent can be reached: _____

Date of Birth: _____ Male Female (please circle)

In consideration of the wholesome recreational and learning experience in which my son/daughter will participate, I as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany the youth ministry/campus ministry group of their parish/school to: (event/date/time)

I/we acknowledge receipt of the attached information sheet describing the planned activities.

In consideration of the opportunity for my son/daughter to participate in the program, I agree to **RELEASE AND HOLD HARMLESS AND INDEMNIFY** _____, (name of parish or school) the Division of Youth & Young Adult Ministry, the Roman Catholic Bishop of Baltimore and his successors, a Corporation Sole, and all their agents, servants and employees from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my son/daughter's participation in the program.

I hereby grant permission to any staff person to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that I cannot be reached.

(Check one of the following:)

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 hereby grant permission to any staff person to provide the following over-the-counter drugs (or their generic equivalent) to my son/daughter if requested by my son/daughter (Check all that apply:)

Tylenol Benadryl Advil Sudafed Midol Kaopectate Neosporin Pepto Bismol
(over)

ADD any other medical information concerning medication, allergies, illness, etc. _____

ADD any dietary restrictions: _____

Through my own and/or my child's acceptance and use of the ticket to enter and attend the 2012 Youth Rally and Mass for Life, I hereby grant the Archdiocese of Washington permission to use my own and/or 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 Archdiocese of Washington and will not be returned. I hereby irrevocably authorize the Archdiocese of Washington to edit, alter, copy, exhibit, publish or distribute my own/my child's image or likeness for purposes of publicizing or promoting the Archdiocese of Washington'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. I hereby hold harmless and release and forever discharge the Archdiocese of Washington from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf, my child's behalf, or on behalf of my estate have or may have by reason of this authorization.

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature

Child's Name