

Regional Youth Conference and Liveloud Concert

June 10, 2017

Holy Family of Nazareth

2323 Cheyenne Street Irving, Texas

PARENTS CONSENT & RELEASE / WAIVER FORM

Cluster: _____ Chapter: _____

Name: _____
Last Name First Name M.I.

Address: _____ Participant's Phone: _____
Street Address
_____, _____
City Zip Code Email: _____

Birthdate: ____ | ____ | ____ Gender: Male | Female

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

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

MEDICAL RELEASE

Medications: _____

Physical Limitations: _____

Medication or Food Allergies: _____

Health Insurance Carrier: _____ Cardholder's Name: _____

Policy Number: _____ Group No.: _____

Primary Care Doctor: _____ Doctor's Phone: _____

I, the undersigned (participant | parent of minor child | guardian of minor child) whose name appears above, hereinafter known as "participant," hereby give my consent for the participant to attend the **Regional Youth Conference and Liveloud Concert** that will be held at **Holy Family of Nazareth 2323 Cheyenne Street Irving, Texas** on **June 10, 2017**.

I understand that in the compliance of Diocesan safe environment guidelines, nurses, medical personnel or SET Level II certified personnel will be available during the event. In case of an accident or serious illness, the adult chaperone or certified personnel will contact the parent/guardian named above. If the personnel or adult chaperone is unable to reach them or any other designated person/s, I hereby authorize Couples for Christ, its family ministries and/or its representatives to contact the participant's primary doctor and/or administer first aid or emergency medical treatment. Payment or fees for all medical services will be the responsibility of the parent/guardian. I acknowledge that any injury or loss, regardless of severity, is required to be reported to the parish. Further, apart from what is noted above, I verify that the participant is in good health and I am not aware of any other medical conditions that would impair or prevent the participant from attending the abovementioned event. The participant may be given Tylenol, Advil, Ibuprofen, Benadryl, Tums, or throat lozenges if necessary unless indicated above under "medication or food allergies."

Participant's Signature: _____
(Parent's signature if minor)

Father Mother
 Guardian Self (over 18 years old)

(Over)

PUBLICITY / PHOTO / VIDEO RELEASE

From time to time, photos and videos may be taken for internal purposes. However, these may also be used for publicity releases for media such as newspapers, Facebook, Instagram, television, website, yearbooks, souvenir programs, social networks, social media, etc. These releases may or may not be accompanied by photos or videos of participants. The releases may be prepared by Couples for Christ, its family ministries and/or its representatives.

YES, I do give permission for the participant's name and likeness to be included in such publicity releases to include photos and/or videos.

NO, I do not give permission for the participant's name and likeness to be included in such publicity releases to include photos and/or videos.

TRANSPORTATION

I give permission for my child to be transported in a motor vehicle driven by the individual identified to an event at the specified location on the date indicated. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult volunteer.

I understand that my child is not required to participate in this activity, but grant permission for him/her to do so, despite the possible risks. I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

Participant's Signature: _____ Date: ____ | ____ | ____

Parent's Signature (if minor): _____ Father Mother Guardian

GENERAL RELEASE

I hereby give my consent for the participant to attend the Regional Youth Conference and Liveloud Concert that will be held at Holy Family of Nazareth 2323 Cheyenne Street Irving, Texas on June 10, 2017. I am aware that all reasonable care and supervision will be exercised by the adult chaperones to provide for the general well-being of the participant. However, I understand that there will be times when the participant is not directly supervised and it is impossible for the adult chaperones to supervise the participant at every minute of the event. I understand that the event involves contact sports, such as basketball, volleyball, relay games, and other activities of the same nature. The event will involve possible heavy or risky physical activities, such as running, jumping, tackling, and movements of the same nature. I, hereby, give my consent for the participant to take part on these events except for anything indicated below as "EXCEPTIONS." I understand and assume the risks inherent with the activities, which may involve certain risks beyond the reasonable control of the adult chaperones present.

EXCEPTIONS: _____

I, individually and in behalf of the participant, do hereby agree to FULLY ABSOLVE, RELEASE, DISCHARGE, HOLD HARMLESS AND COVENANT NOT TO SUE Couples or Christ, Diocese of Dallas, and all its family ministries, organizers, leaders, members, volunteers, members, agents and employees involved in this event, from any and all responsibility, liability, claims, lawsuits, damages, and costs relative to any injuries, death, property damage, and loss directly or indirectly arising out of, in connection with, or incidental to the participant's attendance, participation and involvement in any and all activities within the scope of the Regional Youth Conference and Liveloud Concert.

By signing below, I acknowledge having read the foregoing waiver and certify that I understand its contents and I am signing the waiver voluntarily.

Participant's Signature: _____ Date: ____ | ____ | ____

Parent's Signature (if minor): _____ Father Mother Guardian