

# CHRIST THE KING YOUTH MINISTRY/DIOCESE OF OAKLAND MINOR PERMISSION & RELEASE FORM

EVENT/PROGRAM:

DATES:

LOCATION:

Cost:

## PARTICIPANT INFORMATION:

Participant's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Participant's Cell Phone: \_\_\_\_\_

Family Email: \_\_\_\_\_

### (Please fill out the following information:

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ / \_\_\_\_\_

Father's Cell Phone/Pager:(\_\_\_\_\_) \_\_\_\_\_ Mothers Cell Phone/Pager (\_\_\_\_) \_\_\_\_\_

Family Physician: \_\_\_\_\_ Physician's Phone: (\_\_\_\_\_) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy No: \_\_\_\_\_

Allergies/Medical Problems/Disabilities: \_\_\_\_\_

### Secondary Person to contact in case of emergency (Adult of another household):

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

## (This must be filled out and signed for every event. Thank You!)

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 conform with directions and instructions of parish, school, 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 Oakland, its constituent organizations, including but not limited to the Roman Catholic Bishops of Oakland, a Corporation Sole, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that she/he 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 these activities, whether or not caused by 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 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 which 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 rights to compensation or any right that I otherwise might have to limit or 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.  
This consent form will remain effective until

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