

**Parental Consent for Youth to Participate in Activity,  
Emergency Medical Information, and Release**

**Participant:** \_\_\_\_\_ (name)

**Parents:** \_\_\_\_\_ (names),  
for themselves, heirs, executors, and administrators.

**Event** Teen A.C.T.S. August 3<sup>rd</sup> – August 6<sup>th</sup>, 2017

**Parish/School:** Our Lady of Guadalupe Church, located  
in Austin, Texas, a Texas non-profit corporation, including its  
faculty, employees, contractors, clergy, agents, facilitators, and volunteers

**Diocese:** The Catholic Diocese of Austin, a Texas non-profit corporation, including its employees,  
contractors, clergy, agents, facilitators, and volunteers.

**Transportation Provider:** Our Lady of Guadalupe Parish (name)

- A. The undersigned represent that they are the parents or legal guardians of participant and have full authority under law to sign this document.
- B. Parents grant their permission for Participant to enroll and participate in the event.
- C. Parents acknowledge and agree that:
- (1) Participant and Parents voluntarily seek to participate in the Event;
  - (2) the Event may involve physical activity that involves risk of injury;
  - (3) Participant and Parents will abide by all policies and rules established for Event and instructions of those persons facilitating, organizing, or overseeing the Event;
  - (4) Parents and Participant are responsible for Participant's conduct during the Event and are responsible for any damages, claims, or other costs caused by Participant or incurred as a result Participant's conduct; and
  - (5) if Participant's conduct is inappropriate, unsafe or detrimental to the Event, other participants or other persons, Parish/School or the Diocese may be suspend or expel Participant from the Event and future Events.
- D. Unless this paragraph is struck and initialed by the undersigned, Parents authorize Parish/School and the Diocese to provide over-the-counter aspirin, pain relievers, cold medicine, and other over-the-counter medications to Participant at Participant's request if the Parish/School or Diocese deem it reasonable to do so. The Parish/School will make reasonable attempts to notify Parents prior to authorizing any such over-the-counter medication.
- E. In the event of an emergency or a situation that is reasonably considered to be an emergency, Parents authorize the Parish/School and the Diocese to seek and authorize emergency medical care to be given to Participant (for example, first aid, medication, anesthesia, or surgery). The Parish/School will make reasonable attempts to notify Parents prior to authorizing any such emergency care.
- F. Parents grant Parish/School and the Diocese permission:
- (1) to photograph and video tape Participant during the Event; and

(2) to use the photographs and video tapes in publications and promotions of the Parish/School and the Diocese, including but not limited to publications such as websites, newsletters, advertisements, scrapbooks, and yearbooks.

E. To the extent permitted by law, Parents, for themselves and for Participant, release and agree to indemnify and hold harmless the Parish/School, the Diocese, and the Transportation Provider from any and all liability, claims, demands, and costs which may arise as a result of Participant's participation in the Event or which is, in any way, related to such participation. This paragraph covers loss under any theory of loss (negligence or otherwise) including but not limited to personal injury or property damage. Parents and Participant assume all risk of injury or loss to themselves or their property.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please provide the following information.*

**Emergency Contact and Insurance Information**

In the event of an emergency contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternatively, contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Participant's Insurance Carrier: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Copy of insurance card must be attached.**

Date of Last Tetanus Booster: \_\_\_\_\_

Participant has the following conditions (allergies, medical conditions, etc.): \_\_\_\_\_

\_\_\_\_\_

*Attach additional sheets if necessary*

Participant is currently taking the following medication: \_\_\_\_\_

\_\_\_\_\_

**Attach copies of prescription and any instructions related to the medication, including the amount and timing of dosages.**

Special Instructions or Other Information: \_\_\_\_\_

\_\_\_\_\_