

Youth Program

(Name of Parish)

20 ____ - 20 ____

Issuing years

Liability Release Form

Revised 3/04/2004

The following is a liability release form for the legal protection of adult advisors, the parish and the Diocese of Amarillo. It should be filled out by all youth participating in any parish sponsor youth function/activity. It should then be kept on file in the parish. A similar form is required to be with the youth minister or leader at the youth function/activity. Therefore, the parish form is not an absolute must, but is a good backup in case there is some kind of foul-up.

Name of Participant: _____

Address: _____

Mailing Address

City

State

Zip

Age: _____ **E-mail:** _____ **Date of Birth** _____

Father's Name: _____

Mother's Name: _____

Date: _____ **Phone Number** _____

I/We the parent(s) of the above, who has applied for participation in the activities of the Catholic Youth Ministry, hereby give my/our consent and approval for his/her participation in any and all activities of the parish during the ensuing years. I/We assume all risks and hazards incident to the conduct of such activities, including any and all transportation and for and in consideration of the educational instruction he/she will receive in connection therewith. I/We hereby agree to release, absolve, indemnify and hold harmless, Catholic Youth Ministry, the Catholic Youth Organization and its affiliates, the Diocese of Amarillo and any and all superiors, organizers or sponsors, of and from any and all liability for an injury to my/our aforesaid youth. I/We waive all claims of any kind herein above enumerated, including any and all persons transporting my/our child for from any such activities herein above named.

Additionally, I/We give permission for my/our son/daughter/guardianship to be photographed during activities associated with the above-mentioned event. I/we understand that said photos/videos may be used for future publicity within the parish, Diocese, and or Catholic Church.

Date: _____

Signature of Parent(s) or Guardian(s)

Medical Release Form on back →

Medical Release Form

I give my permission for my son/daughter, _____

To attend the events and activities of _____ C.Y.M.
Name of Parish

To: Any Physician, Hospital or Authorized Health Care Facility

From: The Parent(s) or Guardian(s) of: _____
Name of Participant

Re: Emergency Health Services

This is to certify, in the event of my unavailability, any adult sponsor or adult advisor of
_____ is authorized to sign any permission slips or any
name of parish
other authorization required in connection with such care.

Date: _____
Signature of parent(s) or Guardian(s)

Essential Information:

Insurance Carrier: _____

Policy Carrier: _____

Known Allergies: _____

Prescription/Non-prescription Drugs being taken: _____

Date of last Tetanus booster: _____

Any medical conditions which should be noted: _____

Emergency Phone Number: _____

Emergency Phone Number: _____