

ST. PIUS X CATHOLIC CHURCH
3303 URBAN CREST SAN ANTONIO, TEXAS 78209

**2016/2017 YOUTH FAITH FORMATION
PARENTAL/GUARDIAN PERMISSION, RELEASE, AND LIABILITY WAIVER**

Parent/Guardian's Name(s): _____

Address: _____ City: _____ Zip: _____

Hm Phone: (____) _____ Wk Phone: (____) _____ Cell Phone: (____) _____

PLEASE CAREFULLY READ ALL TERMS BELOW BEFORE SIGNING. THIS DOCUMENT AFFECTS YOUR AND YOUR CHILD'S LEGAL RIGHTS:

Child's Name	Date of Birth	Child's Name	Date of Birth

In consideration for the Participant(s), a minor child(ren), being permitted by Sponsor (St. Pius X Catholic Church) to participate in the Activity (On-campus Faith Formation), I, being the undersigned and the parent/legal guardian of Participant(s), hereby acknowledge, consent, and agree as follows:

- Consent to participate.** I hereby consent to participant's participation in the activity. **(initials)** _____
- Medical authorization.** In the event of any injury or illness of participant during the activity, i hereby authorize and consent to the transportation of participant to the nearest medical or dental facility, and, should the need arise, i hereby further authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis and treatment in the discretion of the attending physician or dentist. I understand that i am giving this authorization in advance of any specific diagnosis, treatment or hospital care being required and i am providing this authorization to give authority and power to render any care which the medical provider and/or dental provider deems advisable. None of the foregoing medical or dental treatments shall be withheld if i cannot be reached prior to the administration of such medical and/or dental treatments. I hereby agree that i shall be solely responsible for the payment of any and all costs for such medical and/or dental treatment of participant, and in no event shall any of the church parties be required to pay for any such costs or expenses. I, individually and in my capacity as the parent/legal guardian of participant, hereby, release, waive, and forever discharge the church parties from any and all liability, claims, losses, judgments, damages, costs, expenses, and demands of any kind or nature whatsoever, either in law or in equity, resulting or arising from any such medical or dental treatment rendered to participant. **(initials)** _____
- Photo/video consent and release.** I hereby authorize sponsor and the archdiocese to take photographs, recordings, and/or videos (whether electronic, digital, or otherwise) of participant in connection with the activity, and i hereby consent to the use, reproduction, and publication of such images by sponsor and the archdiocese in connection with the promotion and publicity of the activities of sponsor and the archdiocese, including, without limitation, publication of such images on sponsor's website. I, individually and in my capacity as parent/legal guardian of participant, hereby waive any right to inspect or approve the actual use by sponsor or the archdiocese of any such image of participant. Such images of participant shall be the sole property of sponsor, and i, individually and in my capacity as parent/legal guardian of participant, acknowledge and agree that neither i nor participant shall be entitled to any compensation whatsoever should any such images of participant be used by sponsor or the archdiocese. **(initials)** _____

I covenant, certify and represent to sponsor that i am the parent/legal guardian of participant and that i have full legal authority to enter into this agreement on behalf of participant. I have (i) fully read this agreement, (ii) fully understand its terms, and (iii) agree to be bound by all of the terms and conditions contained herein. I understand that i, on my own behalf and on behalf of participant, have given up substantial legal rights by signing this agreement. I, individually and in my capacity as parent/legal guardian of participant, signed this agreement freely and voluntarily without any inducement, assurance or guarantee being made to me by any of the church parties.

Signature of Participant's Parent/Legal Guardian

Date: _____

Printed Name of Participant's Parent/Legal Guardian

MEDICAL INFORMATION & EMERGENCY CONTACT (Please complete one section per child)

If you are unable to reach me, please contact:

Name: _____ Relationship to me or my son/daughter: _____
Home Phone: (____) _____ Business Phone: (____) _____ Cell
Phone: (____) _____

Please include a photocopy of your Insurance Card, front and back.

Insurance Carrier: _____ Policy Number: _____

My son/daughter is taking medication and will bring all medication with him/her and it will be clearly labeled. My son/daughter is taking the following medications) and directions for taking this medication, including dosage, frequency and storage are as follows:

_____ I hereby grant permission for non-prescription medication (such as cough drops, cough syrup, Tylenol, etc.) to be given to my child if necessary. I understand that aspirin will not be given to my son/daughter without my express permission: I grant such permission ____ Yes, ____ No.

My son/daughter is allergic to the following: _____ My son/daughter's immunizations are current and up to date ____ Yes, ____ No.

My son/daughter has the following limitations: _____ My son/daughter experiences homesickness, emotional reactions to new situations, sleepwalking, fainting, bedwetting, etc.

____ Yes, ____ No. Please explain: _____

Parent/Guardian Name (PRINT) _____

Signature & Date

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____ Yes, ____ No. Please explain: _____

Parent/Guardian Name (PRINT) _____

Signature & Date
