

Assumption/St Paul & St Peter's Parish

PARENTAL PERMISSION FORM

(Diocesan Youth Rally – St Clements Campus – Saratoga NY
Saturday, September 26th 1-6:00pm)

TRANSPORTATION Provided by: Adult Parent volunteer drivers of Assumption/St Paul & St Peter's Parishes

CHILD'S NAME: _____ PARISH: _____

ADDRESS (Street, City, Zip) _____

PHONE: (_____) _____ EMAIL: _____

SCHOOL: _____ GRADE: _____ BIRTH DATE _____

PARENT/GUARDIAN'S NAME: _____

ADDRESS (Street, City, Zip) _____

HOME PHONE: (_____) _____ WORK (_____) _____ CELL (_____) _____

PERSON(S) (OTHER THAN PARENT/GUARDIAN) TO NOTIFY IN CASE OF EMERGENCY:

NAME: _____ PHONE: (_____) _____

I, the parent/guardian of the above-named child, hereby give my permission for his/her participation in the activity named above. I agree to direct my child to cooperate and conform with the directions and instructions of the parish, school, or Diocese personnel responsible for the activity.

I agree, to the extent permitted by law, that in the event my child is injured as a result of his/her participation in the above-named activity, including but not limited to transportation to and from the activity, whether or not caused by the negligence (active or passive) of Assumption/St Paul & St Peter's parish, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit plan of mine or of 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 such activity.

I hereby give permission to the physician selected by the youth activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician.

Further, I hereby waive any and all rights to, or compensation for, any photographs, videotapes, motion pictures, recordings, or any other record of this event or activity which may be made by Assumption/St Paul & St Peter's parish and affiliate organizations.

PARENT/GUARDIAN'S SIGNATURE: _____ DATE: _____

OTHER PARENT/GUARDIAN'S SIGNATURE: _____ DATE: _____

While being sensitive to single-parent situations and possible embarrassment to the children, signature of both parents should be obtained when possible.

Both Sides of This Form Must Be Completed & Signed

Roman Catholic Diocese of Albany

WAIVER AND RELEASE FORM RELATING TO MINORS

In consideration of the acceptance of my child's application for participation in the event described herein, I hereby grant permission for my child to participate in the event and, to the extent permitted by law, waive, release, and discharge any and all claims for damages for death, personal injury, loss, or property damage which I may have or which may hereafter accrue to me or my child, as a result of my child's participation in the event or activity described herein, including but not limited to transportation to and from the event or activity, whether or not caused by the negligence (active or passive) of the Archdiocese. This Waiver and Release is intended to release and discharge in advance the promoters, sponsors, officials, leaders and THE ROMAN CATHOLIC Diocese of Albany, A CORPORATION SOLE, and Assumption/St Paul & St Peter's parishes and their officers, agents, and employees (The Albany Diocese) from any and all liability, except for that attributable to willful misconduct, arising out of or connected in any way with my child's participation in

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- It is further understood and agreed that this Agreement, Waiver, and Release is to be binding on my heirs and assigns.
- Also, I hereby attest and verify that my child is physically fit and capable of participation in this event, and further, my child's physical condition for safe participation in this above-described event or activity has been verified by a licensed medical doctor during the last year, and that my child is under the age of 18.
- I agree to inform my child to abide by the rules established by the promoters, sponsors, officials, or leaders of the event or activity, and to obey the directions given by any of them.
- Further, I hereby waive any and all rights to, or compensation for, any photographs, videotapes, motion pictures, recordings, or any other record of this event or activity which may be made by Assumption/St Paul & St Peter's Parish and affiliate organizations.
- Further, I hereby attest that my child's participation in this event or these activities will be conducted on his/her own time and not on his/her employer's time, that this is for his/her own personal benefit, and any injury sustained will not be considered by myself or my heirs or assigns as a work-incurred injury.
- This Waiver and Release form is signed in order to participate in this event or activity for my child's own personal enjoyment and benefit, and is done so freely with full knowledge of the risks and dangers incident thereto.

Date

(Signature of Mother/Guardian)

Date

(Signature of Father/Guardian)

I have read and/or discussed with my parents this Waiver and Release form concerning participation in the event. I understand it and agree that the Waiver and Release shall apply to me also.

Date _____

Name)

(Print Student Participant's

(Participant)

(Signature of Student

