

**SAINT ANN LIABILITY
YOUTH PERMISSION FORM AND RELEASE**

(PLEASE PRINT)

Youth Name: _____ Birth Date _____ Male/Female (**circle**)

Parents /Guardian Name: _____ Home Phone: _____

Address: _____ City/State/Zip _____

Parents E-mail Address: _____ Parents cell: _____

School attending (2018-2019) _____ Grade _____

Church attending _____

I hereby grant permission for my child to participate in all **Grades K-12 youth ministry activities** sponsored in whole or in part by/at St. Ann Roman Catholic Church including, but not limited to Faith Formation, Youth Alive, Vacation Bible School, Junior Believers and Outreach programs; and for my child to be transported to, from, and during such activities by a STAND-trained volunteer, employee, or third-party transportation company (the "Activities").

In consideration of the opportunity for my child to participate in the Activities, I knowingly and voluntarily on behalf of myself and my child do hereby agree to forever **RELEASE, HOLD HARMLESS AND INDEMNIFY** St. Ann Roman Catholic Church, the Roman Catholic Archbishop of Baltimore and his successors, a Corporation Sole, the Division of Youth & Young Adult Ministry, and each of their affiliate organizations, agents, employees, officers, directors, volunteers, officials, students, and other participants (collectively, the "Church") from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury (including death) sustained in connection with or arising out of my child's participation in the Activities. By my signature below, I acknowledge that my child's participation in the Activities involves inherent risk of minor or serious injury, including permanent disability, death, and/or economic losses which might result from my child's actions or inactions, the negligence of others, and the inherent risks of the Activities. I have voluntarily elected to allow my child to participate, and I fully understand, appreciate, and hereby assume all such dangers and risks.

I understand that my child's participation in the Activities may require a minimum level of fitness for safe participation, and that the Church does not screen, medically or otherwise, individuals that participate in the Activities. I acknowledge that it is my sole responsibility to make certain that my child is physically fit and healthy enough to participate in the Activities.

In the case of a health emergency or need of urgent healthcare involving my child, after a reasonable effort has been made to contact me (or if the urgency of the circumstances does not permit an effort to contact me), I authorize and consent to any medical care deemed necessary for the health and safety of my child.

*** Please complete the OTHER SIDE!**

(**MUST** check one of the following)

- My son / daughter is covered by hospitalization and medical insurance under policy
_____ issued by _____.
- My son / daughter is NOT covered by hospitalization and medical insurance and I assume responsibility for the cost of hospitalization and medical care for my son/daughter.

ADD any other medical information concerning allergies, illness, challenges, etc.:

ADD any dietary restrictions: _____

I acknowledge and agree that photographs or videotape of participants of the Activities, including my child, may be used in publications, websites or other materials produced from time to time by St. Ann Roman Catholic Church or by the Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants will not be identified by name, however, without specific written consent.) I agree that if I do not wish my child to be photographed or videotaped, I will notify the Youth Ministry Office in writing. I understand that the Youth Ministry Office staff has no control over the use of photographs or film taken by media that may be covering the event in which my child participates.

The following emergency contacts have permission to pick-up my child and to make decisions regarding my child on my behalf if the Church is unable to reach me (please list as many as possible):

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

I HAVE READ THE ABOVE RELEASE AGREEMENT, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

X

Parent/Guardian Signature

Work Phone

Date of Signature

Cell Phone
