

SACRED HEART CATHOLIC CHURCH

Permission Slip, Liability Waiver, Consent to Treat and Photo Waiver

Please Print:

Youth Participant's Name: _____

Birth Date: _____ Age: _____ Gender: _____

I, _____ grant permission for my child, _____, to participate in the various programs and activities offered by Sacred Heart Catholic Church beginning on the date indicated below and continuing into perpetuity or until I specifically revoke the contents of this document in writing. These various programs and activities will take place under the guidance and direction of employees and/or volunteers from Sacred Heart Catholic Church.

I understand that as the parent/legal guardian of the child named above, I remain legally and financially responsible for any personal actions taken by my child. I agree to hold harmless Sacred Heart Catholic Church, Sacred Heart Catholic Church's employees/volunteers/affiliates, and/or any private individual or party who hosts my child during an authorized activity from any and all claims whatsoever, arising from or in any way connected with my child's participation. This waiver of liability shall bind all interested parties, including but not limited to my child, both biological parents and/or legal guardians, any heirs, successors, or assigns. In the event any legal action is taken by either party against the other party, it is agreed that the unsuccessful party to such action shall pay the prevailing party all reasonable court costs, attorneys' fees and expenses incurred by the prevailing party.

To the best of my knowledge, my child _____ is in good health, except as noted below. In the event of a medical emergency, I give permission for my child to be transported to a hospital and receive emergency medical/surgical treatment, and *I assume full financial responsibility for same.*

Conditions/Allergies/Medications: _____

(I understand it is my responsibility to update this information if or when it changes.)

Parent/Guardian Signature Printed Name Date

Parent/Guardian Signature Printed Name Date

Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Parent/Guardian Cell: _____

In the event of an emergency, if you are unable to reach me, please contact:
Name: _____ Relationship: _____
Home Phone: _____ Cell: _____

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD (FRONT AND BACK) AND COMPLETE ALL THE FOLLOWING:
(I understand it is my responsibility to update this information if or when it changes)

Insurance Carrier: _____ Policy Holder: _____
Insurance ID Number: _____ Policy Number: _____

I understand that photographs or videos including my child may be made by church staff, volunteers or parents of other participants. While such likenesses could be posted on the church web site, promotional materials or Diocesan resources, *no personal or identifying information will be included.*

Parent Initials
Revised October 11, 2013