

Parental Consent for Minor to Participate in Off-Site Activity or Event

Participant: _____ (name)

Parents: _____ (names),
for themselves, heirs, executors, and administrators.

Off-Site Activity or Event: _____

Parish/School: _____, located in
_____ (city and state/province), including its
faculty, employees, contractors, clergy, agents, facilitators, and volunteers

Ordinariate: The Personal Ordinariate of the Chair of St. Peter, a Texas non-profit corporation, including its employees, contractors, clergy, agents, facilitators, and volunteers.

Transportation Provider: _____

- A. The undersigned represent that they are the parents or legal guardians of Participant and have full authority under law to sign this document.
- B. Parents grant their permission for Participant to participate in the above identified activity, event, game, competition, field trip, over-night, or retreat.
- C. Parents acknowledge and agree that:
 - (1) Participant and Parents voluntarily seek to participate in the activity, event, game, competition, field trip, overnight, or retreat;
 - (2) the activity or event may involve physical activity that involves risk of injury;
 - (3) Participant and Parents will abide by all policies and rules established for the activity or event and instructions of those persons facilitating, organizing, or overseeing the activity or event;
 - (4) Parents and Participant are responsible for Participant's conduct during the activity or event and are responsible for any damages, claims, or other costs caused by Participant or incurred as a result Participant's conduct; and
 - (5) if Participant's conduct is inappropriate, unsafe, or detrimental to the activity or event, or to other participants or persons, the Parish/School, or the Ordinariate, may suspend or expel Participant from the activity or event and future events.
- D. Unless this paragraph is struck and initialed by the undersigned, Parents authorize the Parish/School and the Ordinariate to provide over-the-counter aspirin, pain relievers, cold medicine, and other over-the-counter medications to Participant at Participant's request if the Parish/School or Ordinariate deem it reasonable to do so. The Parish/School will make reasonable attempts to notify Parents prior to authorizing any such over-the-counter medication.**
- E. In the event of an emergency or a situation that is reasonably considered to be an emergency, Parents authorize the Parish/School and the Ordinariate to seek and authorize emergency medical care to be given to Participant (for example, first aid, medication, anesthesia, or surgery). The Parish/School will make reasonable attempts to notify Parents prior to authorizing any such emergency care.
- F. Parents grant Parish/School and the Ordinariate permission:
 - (1) to photograph and video tape Participant during the activity or event; and
 - (2) to use the photographs and video tapes in publications and promotions of the Parish/School and the Ordinariate, including but not limited to publications such as websites, newsletters, advertisements, scrapbooks, and yearbooks.

G. To the extent permitted by law, Parents, for themselves and for Participant, release and agree to indemnify and hold harmless the Parish/School, the Ordinariate, and the Transportation Provider from any and all liability, claims, demands, and costs which may arise as a result of Participant's participation in the activity or event or which is, in any way, related to such participation. This paragraph covers loss under any theory of loss (negligence or otherwise) including but not limited to personal injury or property damage. Parents and Participant assume all risk of injury or loss to themselves or their property.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Participant signature: _____ Date: _____

Please provide the following information.

EMERGENCY CONTACT AND INSURANCE INFORMATION

In the event of an emergency contact: _____

Phone: _____

Alternatively, contact: _____

Phone: _____

Participant's Insurance Carrier: _____

Phone: _____

Address: _____

Copy of insurance card must be attached.

Participant has the following conditions (allergies, medical conditions, etc.): _____

NOTICE to those with FOOD ALLERGIES and OTHER ALLERGIES: Neither the parish, school, or the Ordinariate represents or gives any assurance that the facilities, or the food offered at the facilities, will not trigger food or other allergies. All students, parents, and guardians assume full responsibility for independently determining that the facilities and food will or will not trigger such allergies.

Participant is currently taking the following medication(s): _____

Attach copies of prescription and any instructions related to the medication, including the amount and timing of dosages.

Special instructions or other information: _____

