

Participant's Name (Please print)	Birthday (MM/DD/YYYY)	Home Phone
Address		City/State/Zip
Parent's Name	Mobile Phone	Work Phone

**Safety:** As the participant, I agree to follow all procedures, safety precautions, and rules and regulations set forth by the Diocese and the Parish

Signature of Participant	Date
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**Parental Permission and Liability Release:** As parent/legal guardian of the participant names above, I give my permission to participate fully in **St John the Apostle Youth Ministry Events** at **St John the Apostle Catholic Church & Chapel of the Immaculate Conception** for the duration of the **2020-2021 School Year & Summer**. I agree to indemnify and hereby release the The Most Reverend Michael F. Burbidge, Bishop of the Catholic Diocese of Arlington and his successors in office, as well as the Catholic Diocese of Arlington and all Diocesan clergy, employees, volunteers, and participating parishes and schools from any and all liability, claims, demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned of the participant resulting from said participant's involvement in the above mentioned event (including transportation to and from the event). Furthermore, I on behalf of the participant hereby assume all risk of personal injury, sickness, death, damage, and expenses resulting from said participant's involvement in the above described event.

**Informed Consent to Medical Treatment:** I request that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor. I assume full responsibility for all costs of such treatment. Further, should it be necessary for the participant to return home due to medical, disciplinary, or other reasons, I do hereby assume responsibility for the participant's transportation home and any costs related thereto.

**Photo:** Also, I authorize the Diocese of Arlington to use my child's picture or video recording for educational and/or marketing purposes. Parents/guardians who do not wish their child to be photographed or filmed should notify the Office of Youth Ministry in writing.

Emergency Contact: Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Health Information: Are there any medical conditions which may affect the participant's involvement in the above event?  
 \_\_\_\_\_  
 Are there any known allergies including any allergies to medicine? \_\_\_\_\_  
 \_\_\_\_\_

Physician and Medical Insurance: Primary Healthcare Provider \_\_\_\_\_ Phone \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Policy Number: \_\_\_\_\_

**I understand and hereby agree to the terms and conditions of the participant's involvement in the above described event and I freely execute this Acknowledgement with full knowledge of its content.**

Signature of Parent or Legal Guardian	Date
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**PARTICIPANT AGREEMENT, RELEASE, ACKNOWLEDGEMENT OF RISK & MEDIA RELEASE FOR HIGH SCHOOL YEARS**

I, \_\_\_\_\_, am a participant in St John the Apostle CYM program & hereby acknowledge that this program may involve a variety of activities which may be both physical & mental in nature. These activities are designed to be within the limits of a person who is in reasonably good health. The level of participation in all programs & activities is at all times completely up to the individual. Safety is a high priority in all programs. In addition, each participant must assume the risk that he or she may suffer an emotional or physical injury & disability.

**Liability Coverage:** The Parish/School is not furnishing & is not responsible for & assumes no liability in connection with participation in this activity. The Parish/School is not furnishing & is not responsible for & assumes no liability of guarantee or assurance of safety of participants &/or elimination of all risks from the environment. The Parish/School is not furnishing & is not responsible for & assumes no liability for the safety of personal property during participation in the program. The Parish/School is not furnishing & is not responsible for & assumes no liability for monitoring &/or control of all the daily personal decisions, choices, & activities of the individual participants. The Parish/School is not furnishing & is not responsible for & assumes no liability for assumption of responsibility for the actions of persons who are not volunteers or employees of the Parish/School or otherwise engaged by the Parish/School, for events that are not part of the program, or that are beyond the control of the Parish/School & its subcontractors. I voluntarily & without reservation & on behalf of myself, my heirs, & my estate, hereby indemnify, defend & hold harmless the PARISH, to include but not limited to, the Diocese of Arlington, The Reverend Michael F. Burbidge & his successors in Office, their officers, & employees from any & all liability, loss damages, costs, or expenses which are sustained, incurred, or required arising out of my actions in the course of the above program/activity.

**Use of Vehicles:** I further acknowledge, with regard to any personal vehicle driven by me or which I am a passenger in, that in the event of an accident, there is no coverage afforded to me through the Diocesan Master Insurance Program for liability or physical damage sustained to any vehicle involved or liability incurred by me while operating my vehicle. I acknowledge that if I choose to park at any Diocesan facility, I do so at my own risk.

**Reimbursement of Medical Expenses:** I recognize & acknowledge there is no volunteer accident coverage nor is there any medical payments coverage available to me in order to compensate me for expenses I incur from deductibles, co-payments, prescription drugs, or medical services not covered through my own health insurance provider(s) for any injury I sustain as a result of performing my services. I agree that any medical coverage(s) I have will be primary & under no circumstance will I seek any contribution from the Diocese, or their insurer, for any medical expenses.

**Informed Consent to Medical Treatment:** In the event of an injury, I hereby give the Diocese of Arlington &/or its parish(es) full authority to take whatever action they feel is warranted under the circumstances regarding my health & safety, if I am not in a condition to give informed consent including but not limited to the application of emergency medical procedures, the admittance to a hospital, or the care of a medical professional at my expense.

**Safety:** Further, I agree to follow all procedures & safety precautions set forth by the Diocese & the parish(es) in addition to ensuring the protection of minors from sexual misconduct &/or child abuse in order to conform with the requirements adopted by the United States Conference of Catholic Bishops & Catholic Diocese of Arlington Policy on the Protection of Children/Young People & Prevention of Sexual Misconduct &/or Child Abuse.

In addition I authorize St. John the Apostle Catholic Church to contact my child through the following social media outlets:

**\*\*Please INITIAL next to each media BELOW that you, as parent/legal guardian, consent to us utilizing\***

\_\_\_\_\_ Youth E-mail: \_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ Cell Phones both through text messages & calls: ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_ Facebook, Twitter, & Instagram

I freely execute this acknowledgement with full knowledge of its content.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date