

# Youth Ministry

## Liability and Medical Consent Form



Participant Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ School Grade: \_\_\_\_\_

Gender: \_\_\_\_\_

Home Address, City, State, Zip:

\_\_\_\_\_  
\_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email:

\_\_\_\_\_

Parish/School & Location:

\_\_\_\_\_  
\_\_\_\_\_

I voluntarily agree to participate in the \_\_\_\_\_  
at \_\_\_\_\_ on \_\_\_\_\_. This activity will take place under the  
guidance and direction of employees/ volunteers from my parish/school/organization  
named above. I also understand that my child's participation requires transportation  
to/from the event site, and this transportation is arranged by my  
parish/school/organization leaders, or it was previously discussed the participant would  
be responsible for their own transportation.

I agree to hold harmless and defend my parish named above, its officers, directors,  
employees and agents, and the Diocese of Savannah, its employees and agents,  
chaperones, or representatives associated with the event, from any claim arising from  
or in connection with my attending the event or in connection with any illness or injury  
(including death) or cost of medical treatment in connection therewith, and I agree to  
compensate my parish/school/organization named above, its officers, directors and  
agents, and representatives associated with the event, for reasonable attorney's fees  
and expenses which they may incur in any action brought against them as a result of  
such injury or damage

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Matters:** I hereby warrant that to the best of my knowledge I am in good health, and I assume all responsibility for my health.

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to be transported to a hospital for emergency medical or surgical treatment. In such an event, please contact:

Name of Emergency Contact: \_\_\_\_\_

Relationship \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy: \_\_\_\_\_

**Rules and Guidelines for Youth Participates:**

- Alcohol, illegal drugs, and tobacco are prohibited (NO SMOKING)
- Weapons are prohibited
- Dress code:
  - \* Low-cut tops, miniskirts, short shorts, or clothing with offensive language or obscene pictures are not allowed—wear modest clothing.
  - \* *Tip: ask yourself, would I wear this in front of Fr. Ingram? The answer to that question will help you decide if you are dressed appropriately.*
- Must be spiritually mature whose language, conversation and actions reflect the teachings and moral values of the Catholic Church
- I understand that I will be expected to remain on-site for the entire time of the event.

**Photo Release For Internet And Newspaper:** I hereby grant permission for photographs taken of me at this event to appear on one of the communication mediums of my parish/school/organization (bulletin, newsletter, website, social media, etc.) and/or the Catholic Diocese of Savannah (e.g., The Southern Cross or diocesan websites). I understand that these images will be used only in relation to these publications and this event. Any other use of said images will require my full written consent.

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*I have read this consent form and I agree to abide by these rules. I understand that failure to abide by these rules could result in my being asked to leave the event.*

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*(If participant is under 18 years old)*