

**DIOCESE OF ORANGE**

**MINOR PERMISSION AND RELEASE FORM**

**\*\*\*HIGH RISK EVENT(S)\*\*\***

**YOUTH MINISTRY**

Event/Program: **Hero Training Doan Camp**

Location: Point Mugu State Park

Date (s): February 17-19, 2012      Time: Friday 3:30PM – Sunday 4PM

Participant's name: \_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Parent's name: \_\_\_\_\_ Home No: \_\_\_\_\_ Work No: \_\_\_\_\_

If you can not be reached call \_\_\_\_\_ Phone No: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone No: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy No: \_\_\_\_\_

Allergies/Medical Problems/Disabilities \_\_\_\_\_

I, the parent (guardian) of \_\_\_\_\_ hereby give my permission for her/his participation in the above named activity. I agree to direct my child to cooperate and conform with directions and instructions of parish, school or diocesan personnel responsible for this activity.

Due to the nature of this Youth Ministry Event which involves running, physical contacts, transportation it is considered, by the Diocese of Orange to be a **HIGH RISK EVENT**. As a condition of my child being allowed to do so, I hereby **release and discharge the Diocese of Orange**, its constituent organizations including but not limited to The Roman Catholic Bishop of Orange, a Corporation Sole, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that (s)he may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damage are caused by negligence, active or passive, of any of the entities, individuals named or described above.

I agree that **in the event of my child is injured** as a result of his/her participation in the above name activity, including transportation to and from this activity, whether or not caused by the negligence, active or passive of the parish, school or diocesan youth activities program or any of its agents or employees, recourse for the payment of any resulting hospital, medical or dental treatment or related costs and expenses will first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of mine or my spouse. I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any activity.

I, hereby authorize the making of photographs, motion pictures, videotapes, recordings, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I hereby waive any rights to compensation or any right that I otherwise might have to limit if to control such making or use.

I, hereby give permission to the physicians, nurse, or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed staff.

Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_