



# DIOCESE OF ORANGE

## MINOR PERMISSION AND LIABILITY RELEASE FORM

ACTIVITY: \_\_\_\_\_

DATE & PLACE: \_\_\_\_\_

SCHOOL/PARISH: \_\_\_\_\_

STUDENT/MINOR PARTICIPANT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CHECK ONE: \_\_\_ FEMALE \_\_\_ MALE

STUDENT'S CELL PHONE: \_\_\_\_\_

PARENT/GUARDIAN NAME(S): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

MOTHER'S HOME/CELL PHONE: \_\_\_\_\_ FATHER'S HOME/CELL PHONE: \_\_\_\_\_

**EMERGENCY CONTACT**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATION: \_\_\_\_\_

**MEDICATION** *During the above named activity, my child has my permission to take the following:*

Choose at least one:

- My child will be taking a prescription medication.  
Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times per day: \_\_\_\_\_
- My child will be taking a non-prescription medication.  
Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times per day: \_\_\_\_\_
- My child will not be bringing any medications, but I authorize, if needed, school/parish/diocesan staff to give my child non-prescription, over-the-counter, medications:

Notes:/Allergies/Medical Problems/Special Dietary Requirements: \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_

**Parent or Guardian's Name**

**Child's Name**

to participate in this school/parish/diocesan event. This activity will take place under the guidance and direction of school/parish/diocesan employees and/or volunteers from \_\_\_\_\_

**Name of School/Parish**

As parent/legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend \_\_\_\_\_, its officers, directors, employees and agents, and the Diocese of Orange, its

**Name of School/Parish**

employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child 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 the parish/school, its officers, directors and agents, and the Diocese of Orange, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Diocese of Orange.

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

I give permission to the physician, nurse, dentist 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 care staff.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# DIOCESE OF BEHAVIORAL CONTRACT

**PROGRAM:** Middle School Youth Day @ KNOTT'S

**LOCATION:** Knott's Berry Farm

**PARISH:** BLESSED SACRAMENT CATHOLIC CHURCH

8039 Beach Blvd, Buena Park, CA 90620

**DATE** Saturday, February 8<sup>th</sup>, 2025 | 7:00 AM – 9:00 PM

I, \_\_\_\_\_, agree to follow all rules and directions at the stated above event.

*(Please initial upon reading each item.)*

\_\_\_ I agree to have a fun and respectful attitude and participate fully in all activities and talks of the day.

\_\_\_ I agree to follow all rules and directions of the driver and the chaperones.

\_\_\_ I agree to inform my parents of my transportation to and from the event location, if it is other than them.

\_\_\_ I agree not to bring chewing gum, cigarettes, chewing tobacco cigarette lighters or matches.

\_\_\_ I agree to respect the other participants that will be attending this retreat.

\_\_\_ I agree to stay within the boundaries of the location stated above.

\_\_\_ I agree not to bring (or turn off/put away) all, cell phones, *Airpods/Earpods*, video games, books, homework, magazines; no iPods, MP3's, or anything else that would be a distraction.

\_\_\_ I agree to be back on time from all breaks and free time.

\_\_\_ I agree not to use profane language.

\_\_\_ I agree not to steal and to respect the property of others.

\_\_\_ \*I agree to no romance of any form. I agree to no inappropriate sexual behavior.

\_\_\_ \*I agree not to bring knives, guns or weapons of any kind or the use of anything as a weapon.

\_\_\_ \*I agree not to bring/use alcohol or drugs of any kind, firecrackers, stink-bombs, & other explosives.

\_\_\_ \*I agree, to protect others and myself by wearing masks and being physically distant when needed.

*I acknowledge and understand the risk of COVID-19 exposure. By initialing, I have read and am signing the "Assumption of the Risk and Waiver of Liability Relating to COVID-19" posted on the Faith Formation website.*

I understand and agree to these rules and guidelines and I understand that if the diocesan leadership team and my youth minister believes that my behavior warrants my being asked to leave the event, I will be sent home and my parents will be held responsible for my transportation and financially responsible for any damage that I have caused.

*The starred (\*) items above warrant an immediate call to parents and immediate dismissal from the event, as well as possible involvement of legal authority if warranted.*

\_\_\_\_\_  
**Participant's Signature**

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**