



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: _____

SHIRT SIZE: YXL AS AM AL AXL AXXL

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: BREAKTHROUGH * Confirmation 2 Retreat

LOCATION: Whispering Winds

PARISH: BLESSED SACRAMENT CATHOLIC CHURCH

17606 Harrison Park Rd

DATE Friday, October 25th – Sunday, October 27th, 2024

Julian, CA 92038

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

_____ I agree not to use profane language.

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

_____ *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