



ROMAN CATHOLIC DIOCESE OF SPRINGFIELD

65 Elliot Street – P.O. Box 1730
Springfield, MA 01102-1730
(413) 732-3175

YOUTH ACTIVITY PARTICIPATION AND LIABILITY WAIVER FORM

(Please print or type all information, except signatures)

Event Name, Date & Location: \_\_\_\_\_

Event Sponsor (Parish/School/Cemetery): \_\_\_\_\_

I. Youth Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ Gender: M / F T- Shirt Size (if applicable): S M L XL 2X 3X

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parish/School/Cemetery (group you are registered with): \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Father/Guardian: \_\_\_\_\_

Mother/Guardian Phone: \_\_\_\_\_ Father/Guardian Phone: \_\_\_\_\_

Note: All areas utilized are not ADA accessible. Contact your Event Leader for special arrangements.

Circle ALL that apply: Mobility Impaired Hearing Impaired/Interpretation Needed
Wheelchair Access Visually Impaired (more than wearing glasses)

II. Youth Agreement to Comply with Event Rules and Regulations

I understand that my participation in this Event requires compliance with specific regulations for this Event. I agree to abide by all rules and regulations set forth. Any infraction of the rules or regulations, including, but not limited to, the possession of alcohol, drugs, or weapons may cause my dismissal from the Event. If I should be dismissed, I understand that my parents will be contacted to arrange for my immediate transportation home.

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

Print Name: \_\_\_\_\_

III. Parent/Guardian Transportation Agreement

I am aware of the particulars of the said Event including the times, costs, and adults chaperoning and/or transporting my child/ward for the Event, have clarified any concerns I may have with the coordinating adult in charge, and grant my consent for my child/ward to be transported to and from the Event. I agree that my child/ward shall abide by the rules and all regulations of the Event including in regards to alcoholic beverages, drugs, and weapons. I agree that if my child/ward fails to abide by the rules and regulations set forth, he/she may be dismissed from the Event and I will need to arrange for his/her immediate transportation home at my expense.

IV. Parent/Guardian Photo/Video Release

I understand that photographs or video may be taken at this Event showing images of my child and may be used in Parish, Cemetery or Diocesan publications, and I consent thereto.

**V. Medical Information Provided by Parent/Guardian**

*(Please read the options below, check those that are in accordance with your wishes and situation and sign below.)*

I certify that my child/ward is physically fit and adequately prepared to participate in this Event.

In the event of an emergency, I hereby grant permission to transport my child/ward and obtain emergency medical or surgical treatment(s) from a licensed physician, hospital, or medical clinic. I hereby authorize medical personnel to release necessary information about his/her care to the parish or school group leaders(s) named here:

\_\_\_\_\_.  
I wish to be advised in the event of an emergency and prior to further treatment by the medical provider.

In the event that I cannot be reached, please contact \_\_\_\_\_ at \_\_\_\_\_.  
(Emergency Contact Name) (Emergency Contact Phone Number)

Relationship to Youth: \_\_\_\_\_.

Family Physician: \_\_\_\_\_ Physician Phone Number: \_\_\_\_\_.

*(Please check one of the following)*

My child/ward is covered by hospitalization and medical insurance under policy # \_\_\_\_\_ issued by \_\_\_\_\_.

My child/ward does not have medical coverage and I assume responsibility for the cost of hospitalization and medical care for my child/ward.

*(Please check any that apply)*

My child/ward is taking medications at present. He/she will bring all necessary medications and such medications will be well labeled. The names of, and concise directions for taking such medications, including dosage and frequency of dosage are as follows:

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

I hereby grant permission for nonprescription medication (such as acetaminophen, decongestant, cough syrup) to be given to my child/ward, if requested by my child/ward and deemed advisable by an adult chaperone.

Other than the medication(s) listed above, no medication of any type whether prescription or nonprescription may be administered to my child/ward unless the situation is life threatening and emergency treatment is required.

I wish to inform you of the following additional medical information and the recommended course of action (allergies, dietary restrictions, physical handicap or illness that would prevent him/her from participating in unusual vigorous activity, special conditions, learning modifications, etc.) \_\_\_\_\_

I would like to have a member of the Event staff speak with me further regarding a medical concern or situation. Please contact me at \_\_\_\_\_.

**VI. Parent/Guardian Release, Hold Harmless/Indemnify Agreement**

I, the parent/guardian of \_\_\_\_\_, who is less than 19 years of age, grant permission for my child/ward to participate in the above named Event. I understand that there is the potential risk of serious injuries to my child/ward from participating in this Event. By allowing my child/ward to participate in this Event, and in consideration for his/her being allowed to participate by the above named Parish/School/Cemetery, I hereby assume on behalf of my child/ward all risk of accident or harm to my child/ward arising out of, directly or indirectly, any incident of any kind occurring during the course of, including travel to and from, this Event, and do hereby release and discharge the Roman Catholic Bishop of Springfield, A Corporation Sole, the above named Parish/School/Cemetery, and their officers, directors, agents, employees, administrators, representatives, grantees and assigns (collectively referred to as "Releasees"), of and from all debts, demands, actions, causes of action, suits, accounts, covenants, contracts, agreements, costs, fees, expenses, losses, damages and any and all claims and liabilities whatsoever of every name and nature, both in law and in equity, whether known or unknown, that I, on behalf of my child/ward, have ever had, now have, or may hereafter have, against the Releasees relating to or arising out of this Event. I further agree on behalf of my child/ward to protect, defend, hold harmless, and fully indemnify the Releasees for any claim or cause of action whatsoever relating to or arising out of the participation of my child/ward in this Event that may be brought against the Releasees, or any one of them, by any person, or entity, including without limitation, my child/ward or his/her family members.

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

**Print Name:** \_\_\_\_\_

**Return completed form to:** \_\_\_\_\_ **by:** \_\_\_\_\_