



## DIOCESE OF LUBBOCK PARENTAL/GUARDIAN PERMISSION & LIABILITY WAIVER

PLEASE PRINT LEGIBLY

Participant Information			
Participant's Name:		Parish:	
Parent/Guardian Name:		Relation to Participant:	
Home Address:		City	State
		Zip:	
Home Phone:	Cell Phone:	Parent/Guardian Cell Phone:	
Email:			

I, \_\_\_\_\_, grant permission for my son/daughter \_\_\_\_\_ to

Parent/Guardian Name

Participant's Name

participate in the diocesan event.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by my son/daughter named above.

I agree on behalf of myself, my son/daughter named herein, our heirs, successors, and assigns to hold harmless the Diocese of Lubbock, its officers, directors and agents from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my sons/daughters attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith.

Insurance Information (or Attach Photocopy)	
Do you have medical insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please provide the following information:
Insurance Company:	
Policy in the name of:	Policy Number:
Family Doctor's Name:	Phone Number:

To the best of my knowledge, the above named child, is in good health, and I assume all responsibility for the health of my child. In the event of emergency, I give permission to transport my child to a hospital for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

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

**The following request is pertinent information if you are rendered unconscious**

Date of Birth (including year)	Preferred Language:
Please list <b>ALL</b> allergies/special health information:	
Please list <b>ANY</b> medications (prescriptions or non-prescriptions):	
Name of Emergency Contact:	Phone Number:
Name of Emergency Contact	Phone Number:

**In the event that the participant does not have health insurance, payment in full for medical care becomes the responsibility of the parent/guardian.**

**Photograph and Video Consent:**

From time to time, pictures and videos may be taken of youth ministry events and gatherings. We would like to be able to use these photographs and videos for flyers, parish and diocesan publications and the ministry website. Written consent of both the student and parent/guardian is required. Names will not be posted unless written the student and parent/guardian give authorization and then only the first names will be used. If there are concerns about pictures or videos posted on the website, please contract the ministry coordinator, and they will be promptly removed.

I/We, the parent(s)/guardian(s) of this youth (name) \_\_\_\_\_, authorize and give full consent, without limitation or reservation to the Diocese of Lubbock to publish any photograph or video in which the above names student appears while participating in any program associated with youth ministry. There will be no compensation for use of any photograph or video at the time of publication in the future.

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

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

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