
[Please print parish name above.]

PARENTAL CONSENT AND EMERGENCY MEDICAL RELEASE FORM

The undersigned (whether one or more, referred to herein as “we,” “us,” “our,” or “ourselves”) are the parent(s) or legal guardian(s) of: [please print name] _____ (referred to herein as the “**Participant**”), and in that capacity hereby give our consent for him/her to participate in the: [please print name of event] _____ that is being sponsored by [please print name of parish] _____ (referred to herein as the “**Parish**”) and is taking place on _____, 20__ (together with all activities, including any transportation being provided, in connection therewith collectively referred to herein as the “**Event**”). In consideration of the Participant’s being permitted to participate in the Event:

On behalf of the Participant, in such capacity we, for ourselves, our heirs, executors, and administrators, hereby do release, forever discharge, indemnify, and agree to hold harmless the Parish, the Archdiocese of Atlanta, their respective successors and assigns, and their respective officers, directors, employees, and other representatives, any and all supervisors, sponsors, organizers, and all adults who chaperone, transport the Participant to or from, or otherwise participate in, the Event (referred to herein as the “**Protected Parties**”) from and against any and all losses, injuries (whether to person or property), costs and expenses (including legal fees, costs, and expenses), and liability resulting from, arising out of, or incurred, suffered, or otherwise sustained in connection with, the Event. (As used herein, the “**Archdiocese of Atlanta**” refers to the Archbishop of the Roman Catholic Archdiocese of Atlanta, the Roman Catholic Archdiocese of Atlanta, Inc., and RCAA Administrative Services, Inc.)

On behalf of the Participant, in such capacity we hereby further grant permission for the Parish or the Archdiocese of Atlanta to publish group photos (including photos of the Participant and at least one other individual) taken at the Event.

On behalf of the Participant, in such capacity we hereby also give permission to the Protected Parties or any one or more of the Protected Parties to seek emergency care for the Participant should he or she be involved in any accident or other incident or otherwise be injured in any way during or in connection with the Event. We understand that in any such instance, all attempts will be made to contact us (or, if different, the emergency contact identified below). Until such time as we have been contacted, on behalf of the Participant, in such capacity we hereby give permission to the attending physician to hospitalize the Participant or to order, or otherwise provide for the Participant to receive, such injections, anesthesia, surgery, or other treatment as are, in the judgment of such attending physician, necessary or advisable and appropriate.

We, for ourselves, our heirs, executors, and administrators, also agree that throughout the duration of the Event we are and will be legally responsible for any and all of the Participant’s actions and omissions that occur during the Event and agree to be financially responsible for any and all losses, injuries (whether to person or property), costs and expenses (including legal fees, costs and expenses), and liability resulting from, arising out of, or incurred, suffered, or otherwise sustained in connection with or by reason of the Participant’s actions, conduct, behavior, or omissions that occur during the Event.

Furthermore, we understand that if the Participant’s behavior is inappropriate, unsafe, and/or otherwise detrimental or threatening to the wellbeing of the Participant or other individuals or to property, we will be contacted immediately, whereupon we agree promptly to secure the means of removing the Participant from the Event premises. In any case, we, for ourselves, heirs, executors, and our administrators, agree that any financial costs incurred as a result of the Participant’s being removed from the Event premises are our responsibility.

We certify that the Participant is covered by a health insurance policy, and that the information below in regard to the policy, the Participant, and us is correct.

Parent/Guardian’s Initials: _____

Insurance Carrier: _____	Policy #: _____
Insurance Carrier Phone No.: _____	Participant's Birthday: _____

Our Cell Phone No(s). _____

Our Name(s): _____

_____ By initialing here, we grant permission for non-prescription medications to be given, if deemed appropriate, by adult chaperone(s) or other supervisor(s).

The Participant is allergic to: _____ Current medication (and dosage): _____

Other medical, physical, or general information: _____

In case of emergency, notify: _____ Phone: _____ Relationship: _____

By signing this form, we certify that all information contained herein is true and accurate to the best of our knowledge.

Parent/Guardian signature: _____ Relationship: _____

Printed Name: _____

Parent/Guardian signature: _____ Relationship: _____

Printed Name: _____