

ent:  
**2019 Diocesan Youth Conferece**

**an Destin Golf and Beach Resort**

Supervisor of Activity:  
**, Aaron Slayback, Adult Chaperones**

icipated Time of Departure: 1/18/19 4pm

Return: 1/20/19 noon

Cost to Youth: \$195

Method of Transportation: Parent Drop-off/Carpool

Grade \_\_\_\_\_ Gender: Male or Female

Parent's Name: \_\_\_\_\_

Work phone: \_\_\_\_\_

**ORMMATION**

Information pertaining to allergies, diet, special medications, health conditions, and other information necessary in an emergency situation. Explain fully:

My child is taking the following medication's):

Dosage \_\_\_\_\_

Dosage \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Parent/Child Folder \_\_\_\_\_

Participant \_\_\_\_\_

Group Number: \_\_\_\_\_

If you would like your youth to participate in this event, please sign and return this statement of consent and release of liability. As parent or legal guardian, you remain responsible for any legal responsibility which may result from any personal actions taken

I hereby consent to participation by my youth \_\_\_\_\_ in the event described above. I understand that this event will take place away from school grounds and that my youth will be under the supervision of the designated supervisors and chaperones. I further consent to the conditions stated above on participation in this event and the method of transportation.

In consideration for the opportunity for my child to participate, and fully recognizing that participating in the event described above involves an element of risk, we assume all risks and hazards associated with participation and do hereby release, absolve, indemnify and agree to hold harmless the Diocese of Pensacola-Tallahassee and Holy Name of Jesus Parish, and their employees, agents, and other persons acting on their behalf. Neither the Diocese of Pensacola-Tallahassee nor Jesus Parish, nor said agents, employees, or volunteers, shall be held financially responsible for any injury, illness or death incurred as a direct or indirect result of this activity. We have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I/We consent to the Diocese of Pensacola-Tallahassee, and Holy Name of Jesus Parish, through their representatives, to transport my child to a hospital or other doctor's office or to a medical emergency medical attention. I/We additionally authorize such representatives or agents to seek or School to obtain and give consent to whatever medical treatment the representative deems necessary, including the administering of anesthetic and surgery, and do hereby release, absolve, and Holy Name of Jesus Parish, and their authorized representatives from any and all liability that may arise from the above-referenced obtaining and consenting to medical treatment. I/we are advised, if possible, prior to the providing of any non-emergency medical treatment by a physician or hospital. If I/we are unable to be reached, please contact the following emergency contact & relation to participant \_\_\_\_\_

Address and Phone Number \_\_\_\_\_

**Media Release**

I/we hereby give permission for the Diocese of Pensacola-Tallahassee and its authorized representatives, including, but not limited to The Catholic Compass, to use the name and photograph of my child or his/her photograph for promotional, news, or public relations purposes in print, electronic, or other media.

I/we do not give permission for the Diocese of Pensacola-Tallahassee and its authorized representatives, including, but not limited to The Catholic Compass, to use my child's name or photograph for promotional, news, or public relations purposes in print, electronic, or other media.

Print Parent/Guardian Name \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

**This form must be with the head chaperone at all diocesan and par...**