

Permission, Release and Emergency Contact Information: Participation in March for Life Ministry

I hereby grant permission, without reservation, for my child, _____ (“my child”), to participate in the March for Life Ministry event on _____ at _____, and in all Youth-Ministry-related activities, direct or indirect, including, but not limited to, meals, lodging, and recreational activities. Further, I hereby grant permission, without reservation, to [NAME OF ENTITY], and to those authorized by [NAME OF ENTITY], to transport my child to and from all March for Life Ministry-related activities and events.

I acknowledge and affirm that there are risks inherent in recreational activities and travel that are part of March for Life Ministry-related activities and that [NAME OF ENTITY] cannot guarantee the personal safety of my child or the safety of my and my child’s property while he/she is participating in the March for Life Ministry-related activities including, but not limited to, travel, transportation, meals, lodging, or recreational activities. I hereby release [NAME OF ENTITY], the Diocese of Rockville Centre (and the Bishop thereof), and their respective officers, directors, agents, employees, volunteers, independent contractors, licensees and assignees (“Releasees”) from all claims that I may have relating to injury or damage suffered or incurred by my child in connection with the above described March for Life Ministry-related activities and further agree to indemnify, defend and hold harmless the Releasees from any claims, suits or damages that may arise from injury to my child incurred in connection with any March for Life Ministry-related activities, except as may be caused by gross negligence or intentional wrongdoing.

I hereby grant permission, without reservation, to [NAME OF ENTITY], and to those authorized by [NAME OF ENTITY], to take photographs and to make recordings of my child, and to use them in original or modified form in all media now or hereafter known, with or without name or information, solely for the promotion, public education, and/or fundraising activities of [NAME OF ENTITY]. I understand and agree that I am entitled to receive no compensation for the above. I release the Releasees from all claims that I now have or in the future may have, relating to the above. I further agree that [NAME OF ENTITY] will be the sole owner of all tangible and intangible rights in the abovementioned photographs and recordings, with full power of disposition.

I hereby warrant that, to the best of my knowledge, my child is in good health and able to participate in all activities. My child Does_____/Does not_____ have any known life threatening allergies. (If yes, please attach a statement noting all known allergies, including how the child has been treated and with what medication.)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to the Youth Ministry to transport my child to a doctor or hospital for emergency medical attention. I wish to be advised prior to any further treatment by a doctor and hospital. If you are unable to reach me, you are hereby authorized to contact:

Emergency contact name: _____

Phone #: _____

Relation to my child: _____

If you are unable to reach me or the emergency contact person, I hereby grant permission for doctors, medical professionals and hospitals to exercise professional judgment in treating my child.

I am the parent or guardian of the child named above, and I hereby consent to the foregoing on behalf of the child and myself.

Date _____

Address _____

Name (print) _____

Signature _____

Relationship _____

Phone _____