Parental Consent for Youth to Participate in Activity, Emergency Medical Information, and Release

Participant:	(name)
Parents:	(names),
for themselves, heirs, executors, and adminis	strators.
Event:	
Parish/School:	, located in
including its faculty, employees, contra	(city), Texas, a Texas non-profit corporation, actors, clergy, agents, facilitators, and volunteers
Diocese: The Catholic Diocese of Austin, a Texas non-pagents, facilitators, and volunteers.	profit corporation, including its employees, contractors, clergy,
Transportation Provider:	

- A. The undersigned represent that they are the parents or legal guardians of *Participant* and have full authority under law to sign this document.
- B. Parents grant their permission for Participant to enroll and participate in the Event.
- C. Parents acknowledge and agree that:
 - (1) Participant and Parents voluntarily seek to participate in the Event;
 - (2) the *Event* may involve physical activity that involves risk of injury;
 - (3) Participant and Parents will abide by all policies and rules established for Event and instructions of those persons facilitating, organizing, or overseeing the Event;
 - (4) Parents and Participant are responsible for Participant's conduct during the Event and are responsible for any damages, claims, or other costs caused by Participant or incurred as a result Participant's conduct; and
 - (5) if *Participant's* conduct is inappropriate, unsafe or detrimental to the *Event*, other participants or other persons, *Parish/School* or the *Diocese* may be suspend or expel *Participant* from the *Event* and future events.
- D. Unless this paragraph is struck and initialed by the undersigned, *Parents* authorize *Parish/School* and the *Diocese* to provide over-the-counter aspirin, pain relievers, cold medicine, and other over-the-counter medications to *Participant* at *Participant's* request if the *Parish/School* or *Diocese* deem it reasonable to do so. The *Parish/School* will make reasonable attempts to notify *Parents* prior to authorizing any such over-the-counter medication.
- E. In the event of an emergency or a situation that is reasonably considered to be an emergency, *Parents* authorize the *Parish/School* and the *Diocese* to seek and authorize emergency medical care to be given to *Participant* (for example, first aid, medication, anesthesia, or surgery). The *Parish/School* will make reasonable attempts to notify *Parents* prior to authorizing any such emergency care.
- F. Parents grant Parish/School and the Diocese permission:
 - (1) to photograph and video tape Participant during the Event; and
 - (2) to use the photographs and video tapes in publications and promotions of the *Parish/School* and the *Diocese*, including but not limited to publications such as websites, newsletters, advertisements, scrapbooks, and yearbooks.

or loss to themselves or their property.	ents and Participant assume all risk of inju
Parent/Guardian signature:	Date:
Parent/Guardian signature:	Date:
Participant signature:	Date:
Please provide the following inform	mation.
EMERGENCY CONTACT AND INSURANCE	INFORMATION
In the event of an emergency contact:	
Phone:	
Alternatively, contact:	
Phone:	
Participant's Insurance Carrier:	
Phone:	
Address:	
Copy of insurance card must be at	
Participant has the following conditions (allergies, medical conditions, etc.	
Attach additional sheets if neces Participant is currently taking the following medication:	
articipant is currently taking the following medication.	
Attach copies of prescription and any instructions related to the	medication, including the amount and

G. To the extent permitted by law, Parents, for themselves and for Participant, release and agree to indemnify and