

Archdiocese of Oklahoma City Vocations Office

School/Parish Year: 2019

OFF-SITE CONSENT AND WAIVER FORM for RE/YOUTH ACTIVITIES

This Form is required from all youth for trips/activities, including field trips, outside your local area (more than sixty (60) miles from your church or school). It must be used for all overnight trips. A separate copy of this waiver must be completed for each participant under the age of 18 (hereinafter the "Participant"). Each Participant must submit a copy of this form signed by both the Participant and a parent/guardian or the Participant will not be permitted to participate in the event.

Name of Activity: QV Days 2019 (hereinafter referred to as the **Activity** and more fully described below).

(Please print)

Participant's Name: _____ Birth Date: _____ Age: _____

Address: _____ City/State: _____ Zip: _____

Home Telephone: (____) _____

Participant resides with (check all that applies): Mother _____ Father _____ Guardian(s) _____

Custodial Parent/Legal Guardian's Name: _____

Home Address: _____ City/State: _____ Zip: _____

Home Telephone: (____) _____ Business (____) _____ Cell (____) _____

Emergency Contact: _____ Relationship: _____

Home Telephone: (____) _____ Cell: (____) _____

Second Contact: _____ Relationship: _____

Home Telephone: (____) _____ Cell: (____) _____

PARTICIPATION PERMISSION: I, the undersigned, am custodial parent/legal guardian of Participant and request that he be to allowed participate in the Activity to be held at the **Our Lady of Guadalupe Catholic Youth Camp ("Camp")** on **July 28-31, 2019** and all events and activities related to said Activity. I understand that in the event Participant fails to conduct himself in a manner consistent with the policies of the Archdiocese of Oklahoma City Vocations Office he may be requested to leave the Activity and return home at my expense and that additional disciplinary action may result.

LOST OR STOLEN ITEMS: I hereby understand and agree that neither the Archdiocese of Oklahoma City or Vocations Office nor any of their respective employees, directors, officers, agents, representatives and/or volunteers shall be held liable for any of my or my child's personal property lost or stolen during participation in the Activity.

MEDICAL INFORMATION: Is Participant taking any medications **OR** have any medical conditions (e.g., diabetes, epilepsy, heart conditions, etc.) ___ yes ___ no **If yes**, explain (attach additional sheets as necessary):

Does your child have any allergies? (e.g., insects, hay fever, strawberries, peanuts, etc.) ___ yes ___ no

If yes, explain (attach additional sheets as necessary):

Does your child have any allergies or adverse reactions to medications? (e.g., penicillin, ibuprofen, acetaminophen, etc.) ___ yes ___ no **If yes**, explain (attach additional sheets as needed):

Does your child have any disabilities or physical or developmental limitations? ___ yes ___ no **If yes**, explain (attach additional sheets as necessary):

Date of last tetanus immunization: _____

Participant's Primary Physician: _____ Telephone: (____) _____

Health Plan Carrier: _____

Group#: _____ Policy#: _____

Name of primary insured: _____

_____ (Parent Initial)

REQUEST AND AUTHORIZATION TO ADMINISTER MEDICINES: I request and authorize the staff of the Activity to administer the medicines listed below to Participant, as indicated:

	<u>Name of Medicine</u>	<u>Dosage</u>	<u>Frequency</u>
1.	_____		
2.	_____		

NOTE: ALL MEDICINES TO BE TAKEN OR ADMINISTERED MUST BE ARRANGED FOR IN ADVANCE AND MUST BE PROVIDED IN THEIR ORIGINAL PHARMACY CONTAINER, INCLUDING THE PARTICIPANT'S NAME AND DOCTOR'S INSTRUCTION. (Attach extra pages if necessary)

I hereby **grant** _____ **do not grant** _____ permission for non-prescription medication (such as non-aspirin products, i.e., acetaminophen or ibuprofen, throat lozenges, etc) to be given to Participant, if deemed appropriate.

Parent/Guardian Signature: _____ **Date** _____

CONSENT TO TREATMENT OF PARTICIPANT: I am the custodial parent or legal guardian of Participant. I hereby warrant that to the best of my knowledge, Participant is in good health and physically able to participate in the Activity and I assume all responsibility for the health and physical condition and ability of Participant to so participate. In the event of circumstances that indicate that Participant is in need of immediate medical care, I authorize and give permission for Participant to be transported to a hospital/clinic/medical facility for evaluation and emergency medical or surgical treatment, including any necessary X-ray examination. I authorize any licensed physician or medical center to treat Participant. **I accept full responsibility for any medical or hospital bills associated with the care of Participant.**

LIABILITY WAIVER: I agree to accept and assume all risks associated with Participant's participation in recreational or other activities during the trip. In consideration of the arrangement set forth herein, I do on behalf of myself, Participant and our respective heirs, successors, assigns and next of kin, release, waive, hold harmless, defend and covenant **NOT TO SUE**, Vocations Office of the Archbishop of the Archdiocese of Oklahoma City, and the Archdiocese of Oklahoma City and each of their respective departments, directors, administrators, teachers, officers, agents, representatives, volunteers and employees from any and all actions, claims, demands or liabilities, including without limitation, those for personal injuries or property damage, that I and/or Participant may suffer due to illness or injury suffered by Participant as a result of, or in connection with, participation in the Activity, including the administration of authorized medications, medical treatment and any consequences that may arise as the result of said treatment, including without limitation, travel to and from the Activity, housing, meals and collateral entertainment to the fullest extent permitted by law.

Further, in consideration of Participant's participation in this trip, I agree to hold harmless and defend the Released Parties against any and all actions, claims, expenses, or demands arising therefrom that may be made or brought for any injury to third parties arising out of Participant's actions or omissions, including but not limited to reasonable attorneys' fees and expenses arising in connection therewith.

I certify to you that the information contained herein is true and correct to the best of my knowledge and that I fully understand the terms and legal consequences of my execution of this OFF-SITE CONSENT AND WAIVER FORM FOR YOUTH.

SIGNATURE:

Custodial Parent/Guardian Name (please print): _____

Custodial Parent/Guardian Signature: _____ **Date** _____

ALL PARTICIPANTS FOURTEEN YEARS OF AGE AND OLDER MUST READ AND SIGN THE STATEMENT BELOW

I acknowledge that I agree to conduct myself in a manner consistent with the policies of the Archdiocese of Oklahoma City Vocations Office and that failure to do so may result in my being required to leave the Activity, and not being allowed to participate in future programs or activities, at the discretion of the Vocations Office.

SIGNATURE

Participant's Signature _____ **Date** _____

The parent or guardian of any participants younger than 18 years of age must execute this form. Parents/guardians may grant or deny permission.

Permission to use Photographic or Videotape Images of Participant

I, hereby give permission for my son, _____, to be photographed or videotaped during the **Quo Vadis Days 2019 Retreat** and consent to the use by the Vocations Office and the Archdiocese of Oklahoma City any videotapes, photographs, slides, audiotapes or any other visual or audio reproduction produced by the Vocations Office and/or the Archdiocese, including my child's name (the "Materials"). I understand that these Materials may be used for promotion activities of the Vocations Office and/or Archdiocese which may include recruitment, fund-raising, advocacy, etc. These materials may appear in published materials and may appear on the Vocations Office and/or Archdiocesan web-site. I give my consent to any such uses the Vocations Office and/or Archdiocese deems appropriate without acknowledgement and without being entitled to remuneration or compensation.

I release the Vocations Office, the Archbishop of Oklahoma City and the Archdiocese and the respective employees, staff and volunteers of each, from any and all liabilities or damages incurred in connection with the use of my son's picture, name or voice recording as part of, or in connection with, the activities described above or similar activities.

Execution attests that the parent/guardian gives permission for the use of the child's likeness, name or voice in the manner set forth below.

Date: _____ Child's name: _____

Parent/Guardian Signature: _____

OR

____ I do not want my child's likeness or voice included in any newspaper, magazine, web-site, television, etc. or published materials.

Date: _____ Child's name: _____

Parent/Guardian Signature: _____