DIOCESE OF COLUMBUS
REGISTRATION/PERMISSION/RELEASE AND INDEMNIFICATION AGREEMENT

PARISH NAME_____ PARISH CITY _____

Please print clearly; return with appropriate payment to your adult leader. All incomplete forms will be returned.

I. REGISTRATION

A. Name of Participant_____

Address_____

City_____ State _____ Zip Code _____

Phone (_____) _____ Participant Cell (optional) (_____) _____

E-Mail_____

Parish_____ School _____

Date of Birth _____/_____/_____ Male ◯ Female ◯ Grade_____

Name of Adult Leader_____

B. Name of Activity_____

Location_____

Dates of Activity_____

Mode of transportation if not self-provided:_____

II. PERMISSION

The undersigned hereby state(s) that (he/she/they) (is/are) the (parent/parents/guardian) of the above-named Participant and have full legal responsibility for the Participant. The undersigned hereby grant(s) permission for the Participant to participate in the Activity named in Section I.B., above.

III. RELEASE AND INDEMNIFICATION

A. **Release**. The undersigned on behalf of the undersigned, the Participant, and the heirs, successors and assigns of the undersigned and the Participant, hereby release, hold harmless from any liability, and discharge from all direct or derivative claims, actions, causes of actions, medical expenses, costs, legal expenses, other expenses and all other damages at law or in equity, known or unknown, direct or indirect, choate or inchoate against the Diocese of Columbus, the Parish and all current and former employees, agents, clergy, officers and volunteers of the Diocese of

the Parish, arising from the Participant's participation in the Activity named in Section I.B., above.

B. **Indemnification**. The undersigned shall indemnify and hold harmless the Diocese of Columbus, the Parish, and all current and former employees, agents, clergy, officers and volunteers of the Diocese of Columbus or the Parish from any claim, liability, suit, judgment, loss, damage, expense, fee or cost (including court costs and attorney fees) arising directly or indirectly from the Participant's participation in the Activity named in Section I.B., above, unless arising from the negligence of an indemnified party.

IV. SPECIFIC MEDICAL INFORMATION AND MEDICATION

A. **Specific Medical Information.** The Parish will take reasonable care to see that the following information will be held in confidence.

Chronic Conditions (e.g. Epilepsy; Diabetes)

_____

Allergic Reactions (e.g. Food, medications, plants, etc.)

_____

Dietary Restrictions

_____

Immunizations: Date of last tetanus/diphtheria immunization:

_____

Any physical limitations?

_____

Has the Participant recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, list date and disease or condition: _____

You should be aware of these special medical conditions of the Participant:

_____

_____

B. **Current Medication*:*** The Participant is taking medication at present. The Participant will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for taking such medications, including dosage and frequency of dosage, are as follows: _____

_____

C. **Non-Prescription Medication**

Please check ONE of the following:

[ ] No medication of any type, whether prescription or non-prescription, may be administered to the participant unless the situation is life-threatening and emergency treatment is required.

[ ] Non-prescription medication may be given to the Participant, if deemed appropriate.

V. EMERGENCY MEDICAL CONTACT AND TREATMENT

A. **Emergency Contact Information**

Parent or Guardian_____

Address_____

Phone(s)_____

Medical Insurance_____ Policy Number_____

Member's Name_____ Phone (_____)_____

Family Doctor_____Phone (_____)_____

B. Emergency Medical Treatment

In the event of an emergency, the undersigned hereby give(s) permission to transport the Participant to a hospital for emergency medical or surgical treatment. The undersigned wish(es) to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if the undersigned cannot be reached at the above numbers, contact:

Name & relationship: _____Phone: (_____)_____

VI. CONSENT FOR RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION

The undersigned hereby consent to the release of photographs and name of the Participant to be used by the Diocese of Columbus and _____(PARISH NAME) for future promotional programs of the Diocese and Parish. If you have any questions or concerns, please contact _____ _____(PARISH POINT OF CONTACT) at _____(PHONE NUMBER).

_____Please initial here if you DO NOT consent to the release of personally identifiable information.

VII. CODE OF BEHAVIOR

The Participant shall comply with the following:

1. The Participant must stay and participate in the entire event. The Participant may not leave the premises unless accompanied by an adult leader, parent, or legal guardian.
2. The possession or use of alcohol, tobacco, drugs, or weapons of any kind is not permitted.
3. Foul language is not tolerated.
4. The Participant must comply with any and all directions of activity staff.
5. The Participant must respect the rights and property of others. Damage to or defacing of property will be the financial responsibility of the Participant involved and the undersigned.
6. Failure to abide by this Code of Behavior may result in a request to the undersigned to transport the offending Participant from the premises, and the undersigned shall immediately comply with the request.

VIII. SIGNATURES

THE UNDERSIGNED HAS READ, UNDERSTANDS AND HEREBY AGREES TO AND ACCEPTS ALL PROVISIONS IN THIS AGREEMENT.

Participant's Signature: _____Date: _____

Parent Signature: _____Date: _____

Parent Signature: _____Date: _____

Legal Guardian Signature:_____Date: _____