

# THE ARCHDIOCESE OF SAN FRANCISCO

## **PARENTAL PERMISSION FORM**

**ACTIVITY:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent Phone Number: \_\_\_\_\_

Child's phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

Allergies/Medical Condition: \_\_\_\_\_

I, the parent or guardian of the aforementioned child(ren), give my permission to participate in the aforementioned activity. I agree to direct my child/children to cooperate and conform to the guidelines and instructions of the Missionaries of Charity, Faith Formation volunteers, and St. Bruno parish staff responsible for the activity. I agree, to the extent permitted by law, in the event that my child/children are injured as a result of their participation in the aforementioned activity, including, but not limited to, transportation to and from the activity, whether caused by the negligence (active or passive) of the parish/school or the Archdiocese's youth activities program, or any of its agents or employees, may be required to pay any hospital, medical or related costs resulting from any accident, hospital or medical insurance, or any benefit plan available from me or my spouse.

I am not aware of any medical condition of my child or children that would make it inappropriate for him or her to participate in such activity. I hereby give permission to the physician selected by the supervising youth activities staff present to render such medical treatment as deemed necessary and appropriate by the physician.

\_\_\_\_\_  
SIGNATURE OF THE PARENT/TUTOR

\_\_\_\_\_  
DATE

# THE ARCHDIOCESE OF SAN FRANCISCO

## WAIVER AND RELEASE FORM RELATING TO MINORS

In consideration of the acceptance of my child's application for participation in the event described herein, I hereby grant permission for my child to participate in the event and, to the extent permitted by law, waive, release, and discharge any and all claims for damages for death, personal injury, loss, or property damage which I may have or which may hereafter accrue to me or my child, as a result of my child's participation in the event or activity described herein, including but not limited to transportation to and from the event or activity, whether or not caused by the negligence (active or passive) of the Archdiocese. This Waiver and Release is intended to release and discharge in advance the promoters, sponsors, officials, leaders and THE ROMAN CATHOLIC ARCHBISHOP OF SAN FRANCISCO, A CORPORATION SOLE, ST. BRUNO CATHOLIC CHURCH, THE MISSIONARIES OF CHARITY AND THEIR VOLUNTEERS, OFFICERS, AGENTS, AND EMPLOYEES (The Archdiocese) from any and all liability, except for that attributable to willful misconduct, arising out of or connected in any way with my child's participation in the activities organized and guided by them.

It is further understood and agreed that this Agreement, Waiver, and Release is to be binding on my heirs and assigns. Also, I hereby attest and verify that my child is physically fit and capable of participation in this event, and further, my child's physical condition for safe participation in this above-described event or activity has been verified by a licensed medical doctor during the last year, and that my child is under the age of 18. I agree to inform my child to abide by the rules established by the promoters, sponsors, officials, or leaders of the event or activity, and to obey the directions given by any of them. Further, I hereby waive any and all rights to, or compensation for, any photographs, videotapes, motion pictures, recordings, or any other record of this event or activity which may be made by the Archbishop/Parish/Agency and affiliate organizations. Further, I hereby attest that my child's participation in this event or these activities will be conducted on his/her own time and not on his/her employer's time, that this is for his/her own personal benefit, and any injury sustained will not be considered by myself or my heirs or assigns as a work-incurred injury. This Waiver and Release form is signed in order to participate in this event or activity for my child's own personal enjoyment and benefit and is done so freely with full knowledge of the risks and dangers incident thereto.

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

Date \_\_\_\_\_

Both sides of the form must be completed & signed.

