PERMISSION FORM AND RELEASE FOR MINORS UNDER 18

Youth Name: _____ Home Phone: _____

Parent Name: _____ Alternate Phone: _____

Address: _____ City/State/Zip: _____

Date of Birth:_____ Male / Female (circle one)

In consideration of the wholesome recreational and learning experience in which my son/daughter will participate, I, as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany the Parish to the following event:

NET Retreat for Middle School Students (grades 6 - 8)

SUNDAY, OCTOBER 11, 2026
2:00pm - 7:30pm

Cost: $15 (Scholarships are available) - Early Dinner will be provided

Location: St. James Catholic Church Social Hall (Lower Level)
49 Crosswinds Drive, Charles Town, WV 25414

Contact: Jessica Buede - jessicabd@gmail.com

In consideration of the opportunity for my son/daughter to participate in the Program, I agree to RELEASE AND HOLD HARMLESS AND INDEMNIFY Priest Field Pastoral Center, 4030 Middleway Pike, Kearneysville, WV 25430; the Roman Catholic Parish of St. James the Greater, 49 Crosswinds Drive, Charles Town, WV 25414; the Roman Catholic Bishop of Wheeling-Charleston and his successors, a Corporate Sole; and all their agents, servants and employees from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my son/daughter's participation in the Program.

I hereby grant permission to any staff person to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that I cannot be reached.

Medical Information:
Check one of the following:

❒ I am covered by hospitalization and medical insurance
policy #_____ issued by _____

❒ I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.

I hereby grant permission to any staff person to provide the following over-the-counter drugs to my son/daughter if requested by my son/daughter **(circle all that apply)**:

Tylenol/Acetaminophen Benadryl Advil/Ibuprofen Neosporin

(continued on page 2)

PERMISSION FORM AND RELEASE FOR MINORS UNDER 18 (continued)

ADD any other medical information concerning medication, allergies, illness, etc: _____

_____

ADD any dietary restrictions: _____

_____

Photography/Videography:

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by Priest Field or the Roman Catholic Parish of St. James the Greater (participants would not be identified, however, without specific written consent). Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the Parish in writing. Please note that the Parish has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

Transportation:

_____ My son/daughter will transport him/herself

_____ I will drop off my son/daughter at **2:00 PM AT THE RETREAT LOCATION LISTED ABOVE** and pick up my son/daughter at **7:30 PM AT THE RETREAT LOCATION LISTED ABOVE**

_____ _____

Parent/Guardian Signature Date