



ST. JAMES CATHOLIC CHURCH 49
CROSSWINDS DRIVE CHARLES
TOWN, WV 25414

PERMISSION FORM AND RELEASE FOR MINORS (UNDER 18)

Youth Name: _____ Home Phone: _____

Parent Name: _____ Work Phone: _____

Other number where Parent can be reached: _____

Address: _____

City/State/Zip: _____

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

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:

Annual Pro Life March - January 23, 2026

In consideration of the opportunity for my son/daughter to participate in the Program, I agree to RELEASE AND HOLD HARMLESS AND INDEMNIFY 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 any staff member permission to obtain medical care for my son/daughter from a licensed physician, hospital, or medical clinic if I cannot be reached.

(Check one of the following:)

☐ I am covered by hospitalization and medical insurance under 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 **(check all that apply)**:

☐ Tylenol ☐ Benadryl ☐ Advil ☐ Sudafed ☐ Midol ☐ Kaopectate ☐ Neosporin ☐ Pepto Bismol ☐ Aspirin

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

ADD any dietary restrictions: _____

Parents/guardians of participants are advised that photographs or videotapes of participants may be used in publications, websites, or other materials produced from time to time by 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).

Parent/Guardian Signature _____ Date _____