

Diocese of Kansas City - St. Joseph  
**PARTICIPATION FORM FOR YOUTH MINISTRY EVENTS**

(Please Print)

***Totus Tuus***

*Our Lady of Lourdes Parish, Harrisonville, MO*

*Sunday, July 18, 2010 – Thursday, July 22, 2010*

*Depart St. Bridget at 7:10 pm; return approximately 10:00 pm*

*Method of Transportation: Individual Vehicles*

**Participant Information**

Name of Participant: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Emergency contact names and numbers: (write "same as above" if applicable for contact)

1. \_\_\_\_\_

2. \_\_\_\_\_

**Permission of Parent/Guardian**

I/We, the parent(s)/guardian(s) of \_\_\_\_\_, request that he/she be allowed to participate in the Event described above, and hereby give my/our permission for such participation.

**Consent for Disclosure to Individual Involved in the Care and Treatment of Participant**

For the duration of the Event, I/We grant to the Diocese/Parish/School/Organization and its agents the following powers, to be used for the benefit of and on behalf of Participant (check all that apply):

\_\_\_\_\_ to receive any and all individually identifiable health information about the past, present and future medical condition of Participant, including, not limited to, information necessary to the care and treatment of Participant and any illness or injury Participant may have sustained;

\_\_\_\_\_ to authorize medical care for Participant, including, but not limited to, any and all treatment, examination, diagnosis or outpatient medical care rendered under the general or special supervision of and on the advice of any physician or surgeon licensed to practice medicine by the applicable licensing body in the state in which physician or surgeon practices.

I/We understand that the Diocese/Parish/School/Organization will not be liable to me/us or any or my/our successors in interest for any action taken or not taken in good faith.

I/We consent to the logistics and conditions described above, including the method of transportation.

I/We understand that as parent(s) or legal guardians(s), I/we may be responsible for any liability which may result from the conduct of Participant at or during the Event.

I/We understand that there is a risk of injury involved in any Youth Ministry activity. I/We hereby release the Diocese of Kansas City-St. Joseph, and its officers, agents, employees and volunteers from any liability arising from claims of any kind or nature whatsoever in connection with Participant's participation in the Event.

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

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

*Forms will be kept on file in the Office of Youth Ministry for a period of one year following the event.*