



YOUTH PARTICIPATION CONSENT & ACKNOWLEDGEMENT OF RISK FORM

ACTIVITY INFORMATION

Youth Name: _____ Date(s) and Time(s) of Activity: _____
Name of Parish/Diocesan Program: _____
Name of Activity and Location: _____ (Attach schedule/plans if applicable)
Event Supervised by: _____ Emergency #: _____
(Name of youth ministry coordinator, staff or volunteer)

PARISH/DIOCESAN RESPONSIBILITIES

The Parish/Diocesan Program will make every effort to ensure or ascertain that:

- Staff, volunteers and/or service providers involved are suitably screened, trained and qualified
- Youth are adequately supervised over all aspects of the activity according to Diocesan Policy
- Location/activity(ies) used are appropriate and safe for the group
- Equipment used has been inspected and deemed appropriate and safe for use
- Pastor's permission for this activity has been obtained

POTENTIAL HAZARDS

Any and all risks associated with the activity(ies) specified above: (please list)

CONSENT AND ACKNOWLEDGEMENT OF RISK

Mode of Transportation: _____

- I accept this mode of transportation for this activity: Yes No or, I permit my child to use alternate means of transportation. Specify means:
(Please note drivers must have minimum \$2 million liability insurance coverage per Diocesan policy.)
- I acknowledge my right to obtain as much information as I require about this activity or program and associated risks and hazards, including information beyond that provided to me by the Parish/Diocesan Program.
- I freely and voluntarily assume the risks/hazards inherent in the activity/program and understand and acknowledge that my child/youth may suffer personal and potentially serious injury due to an unforeseeable event associated with his/her participation.
- My child/youth has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the administrators, instructors and supervisors over all phases of the activity/program.
- In the event my child/youth fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.
- I acknowledge that it is my responsibility to advise the Parish/Diocesan Program Coordinator of any medical and/or health concerns of my child/youth which may affect his/her participation in the stated activity or program.
- I consent that the Parish/Diocesan Program Coordinator, through its employees, and agents may secure such medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.
- I consent to my child's image being recorded through photo and/or videos which may be used as part of promotional activities for the RC Diocese of Calgary.
- Based on my understanding, acknowledgement, and consents as described herein, I agree that the aforementioned child/youth has my permission to participate in this activity/program.
- I acknowledge that I have read the above and understand that if it becomes necessary for us to reach you in case of an emergency, we will call:
Mother/Guardian: _____ Phone #: _____
Father/Guardian: _____ Phone #: _____
Alternate: _____ Phone #: _____

Date: _____ Name (please print): _____ Signature: _____