

PLAY TO YOUR STRENGTHS WORKSHOP

PARENT / LEGAL GUARDIAN PERMISSION SLIP

Department of Youth & Young Adult Ministry – Diocese of Buffalo

Please bring the original completed form with you on Tuesday, August 13th.

Dear Parent or Legal Guardian:

Your son / daughter / legal guardianship is eligible to participate in a diocesan and parish-sponsored activity that requires transportation to a location away from the parish site. This activity will take place under the guidance and supervision of employees and/or volunteers from the Diocese of Buffalo, its parishes, schools and institutions. A brief description of the activity follows:

Name of Event: **Play to Your Strengths Workshop**

Purpose: **Leadership Training and Development**

Event Site: **Christ the King Seminary, 711 Knox Road, East Aurora NY**

Parish Name: _____ Parish Town/City: _____

Designated Supervisor(s) of Activity: Kathryn M. Goller and Michael M. Slis, Diocesan Staff

Event Date: **Tuesday, August 13, 2019** Event Time: **9:15 AM to 1:15 PM**

Time of Departure: _____ Anticipated time of Return: _____

Method of Transportation: private transportation by family
 Carpool in private vehicles by parish employees/volunteers
 Other: please specify _____

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability. As a parent, legal guardian, you remain fully responsible for any legal responsibility which may result from actions taken by the named youth.

RELEASE OF LIABILITY

I/We recognize and acknowledge that there are risks in my child's presence and participation in the Play to Your Strengths event taking place at Christ the King Seminary on August 13, 2019. I agree to indemnify, hold harmless, waive and relinquish all claims I may have against the Diocese of Buffalo, its parishes, schools and institutions, including any negligence claims on their part and its officers, agents, employees, representatives or volunteers arising out of the transportation to and / or from the event, or in connection with any claims arising out of or caused by any activity my child participates in during the event. I understand that as a parent or legal guardian, I remain fully responsible for any legal responsibility that may result from actions taken by my child.

MEDICAL RELEASE

My/our permission is hereby given to the representatives of the parish/school named above and the Diocese of Buffalo to authorize by his/her signature, whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance in the event of an accident or medical emergency in which the parent or guardian cannot be reached. It is understood that every attempt to reach the parent or guardian will be made. If the physician below cannot respond, I authorize any licensed physician or medical center to treat the participant designated below.

MEDIA RELEASE

I give permission for photographs or video of program participants including my child to be used in publications, web sites, brochures, flyers, reports, social networking or other promotional materials produced from time to time by the parish and the Diocese of Buffalo. I acknowledge that radio stations, television stations, newspapers and web sites occasionally cover parish activities and may request an interview with my child or include images of my child in their coverage. I give permission to the parish and all print, radio, television and Internet media outlets to use the images, voices and words of my child without any limitation or restriction, and with no financial compensation, for the purposes of promoting the parish and Diocese of Buffalo related events. In the case of the *Western New York Catholic* and Daybreak TV Productions, both of the Diocese of Buffalo, I give permission to use the images, voices and words at any time. Parents or guardians who do not wish their child to be filmed or recorded, or who do not wish their child to speak with the media should notify the designated supervisor in writing.

Youth Participant _____

Parent Signature _____ Date _____

Address _____

Phone - Home _____ Work _____ Cell _____

Emergency Contact Name _____ Phone Number _____

Health Insurance Company Name and Plan Number (attach copy of medical insurance card)

Family Physician _____ Phone Number _____

Allergies, Reactions or other pertinent medical information: _____

