

# **DIOCESE OF ERIE CONFIDENTIAL RELEASE FORM**

## **Our Lady of Peace Parish**

Mission Trip 2025 • June 28-July 5 • Bowling Green, KY



**PARENT/GUARDIAN** (all highlighted fields require completion)

I, \_\_\_\_\_; the undersigned, give permission for my

Please PRINT CLEARLY Name of Parent/Guardian

son/daughter \_\_\_\_\_ from Our Lady of Peace Parish

Please PRINT CLEARLY Name of Youth

to participate in the Catholic Heart Workcamp. It is understood that reasonable caution will be taken by the organizers to prevent injuries to all participants. In the event of injury or illness to our/my child during his/her participation in this event, and if the parents/guardians of the above mentioned persons cannot be reached, We/I hereby give our/my permission to Sarah Beaver, Coordinator of Youth Ministry, for the necessary medical treatment to be given to our/my child. We/I for ourselves/myself and for our/my child, our/my respective heirs, and our/my respective legal representatives, so hereby indemnify and hold harmless any representative of Our lady of Peace and the above named supervising adult from parish/school from any and all claims, demands and causes of action of whatever kind and nature for their actions taken pursuant to this authority. I/We agree that in case of injury to our/my child, we will apply our/my hospitalization and/or accident insurance toward the payment of the expenses incurred. **I/We, hereby release and save harmless the Diocese of Erie, and Our Lady of Peace, their agents, successors, legal representatives and any and all of its employees from any and all liability for any and all damages or personal injuries arising to my/our son/daughter as a result of his/her participation in the above mentioned Name of event, except for damages and/or personal injuries caused by or arising out of the intentional or willful misconduct of the Diocese of Erie or Our Lady of Peace, its agents, servants or employees.**

**Code of Behavior:** Participation in this retreat is a privilege and not a right. Each youth and adult must attend all scheduled activities. The behavior of all (youth and adults) must reflect Christian values. The sponsoring adult must stay at the entire event and is responsible for the youth of his/her parish. Each parish, through the sponsoring adult, will take full responsibility for any damage done by their group. Drugs/Alcohol are not permitted. The Staff reserve the right to ask any participant to leave at the participant's own expense. I/We have read and agree to uphold the above "Code of Behavior".

The undersigned also agrees to authorize Our Lady of Peace staff/catechists to photograph, videotape and/or interview the named youth and agree that they may use or permit other persons to use the negatives, prints, video or interview prepared for such purposes and in such manner as may be deemed appropriate and necessary. ☐ ☒ **this box if you do not agree to have your child photographed, interviewed or videotaped.**

I understand that if, for whatever reason, at any point in time, I decide to revoke this authorization, and I so notify the parish in writing, references to the named youth (including images or interview) will no longer be used. Any website references will be removed within thirty (30) days of written notification. I further understand, however, that references to the named youth may continue to be used in any publication already printed or published prior to my revocation of the authorization provided herein.

PRINT Parent or Legal Guardian NAME

Parent or Legal Guardian SIGNATURE

Guardian(s) Phone Number(s)

Date



**YOUTH**

As a member of the Our Lady of Peace, I understand and agree to the "Code of Behavior," and I will notify my parents or legal guardian at the time of any infractions requiring my dismissal from the event and that I will be sent home at my parent/guardian's expense.

Youth SIGNATURE

Age

Date

### **MEDICAL INFORMATION** (please print clearly and use back if necessary)

My child is allergic to (medication/food/other):

My child must take the following medications (indicate dosage, frequency, etc.):

Can your child receive the following? Aspirin? ☐ Yes ☐ No • Acetaminophen? ☐ Yes ☐ No • Ibuprofen? ☐ Yes ☐ No

You should be aware of these special medical conditions/needs of my child (dietary, asthma, walking assistance, bee sting allergies, etc):

Is your child currently under a physician or counselor's care? (Yes \_\_\_\_ No \_\_\_\_ ) If yes, please explain on back.

Family Physician:

Family Health Insurance Company:

Policy Number (Individual):

In case of emergency notify:

Emergency Contact Daytime Phone:

Youth Social Security # (hospital use only):

Youth Birth Date:

Benefit/Plan/Group #:

Emergency Contact Relationship to youth:

Emergency Contact Evening Phone: