

# CATHOLIC DIOCESE of RALEIGH

## Parental/Guardian Consent Form & Liability Waiver

Shirt Size: S M L XL XXL XXXL

Applicant Information			
Participant's Name:		E-mail Address:	
Date of Birth:			
Address:		City:	State: Zip:
Home Phone:	Parent/Guardian's Name:		E-mail Address:
Cell Phone:	Work Phone:	Other number where Parent/Guardian can be reached <u>during</u> event:	

Consent & Liability Waiver	
<b>Important! To be filled out by the Parent/Guardian for youth under 18 years of age and individuals age 18 or older <u>and</u> in high school.</b>	
In consideration of the program 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 (entity name) _____ to:	
Event & Location:	Date & Time:
<input type="checkbox"/> Transportation Not Provided <input type="checkbox"/> Transportation Provided	Method of Transportation:
I acknowledge that (entity name) _____ is providing transportation to and from (location) _____ to the event. I acknowledge and assume the risk of this transportation for my child. My child must comply with (entity name) _____ rules and procedures. By granting this permission, I also waive any claims against, and RELEASE AND HOLD HARMLESS AND INDEMNIFY, (entity name) _____, the Diocese of Raleigh, any of their religious, employees, volunteers, agents and representatives 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 child's participation in the program.	

\_\_\_\_\_  
Parent/Guardian Signature  
*(must sign for any participant under 18 &/or 18 or older & in high school)*

\_\_\_\_\_  
Date

**Participant:** In signing the line below, I certify all the information on the trip form is complete and accurate, I also agree to abide by any/all policies established for this event/activity. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand there will be consequences for my actions, including being removed from the activity and being sent home at my parents/guardian's expense.

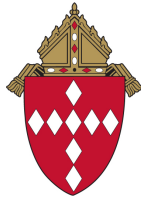
\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

Insurance Information			
<input type="checkbox"/> No, I do not carry medical insurance at this time.			
<input type="checkbox"/> I do carry medical insurance at this time.			
Insurance Carrier:			
Name of Insured:		Insurance Policy Number:	
Father's Name:	Day Phone	Mother's Name:	Day Phone:

**In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.**

Expires June 30, 2026



# CATHOLIC DIOCESE *of* RALEIGH

## Image Release Form

(Photography and Image Assignment Waiver, and Release)

I \_\_\_\_\_,  
for valuable consideration received, and for being allowed access to Diocesan property, activities, or events, expressly assign to \_\_\_\_\_ and the Diocese of Raleigh, and to all of their current, former, and future agents and related entities (collectively, “the Diocese”), all rights, title and interest in, and to, the use of my and my child/ward’s image or likeness, including, but not limited to all videotape recordings, photographs, or audio recordings of, or made by, me and/or my child/ward on Diocesan property, during a Diocesan-sponsored event, or for any other Diocesan purpose (“the Property”). The Diocese shall have, without my consent, the right to assign its rights in the Property, in whole or in part, to any entity, parish, or school within the Diocese of Raleigh.

I hereby irrevocably grant the Diocese perpetually and exclusively, the right to use and incorporate (alone or together with other materials), in whole or in part, the Property, in any Diocesan publication, news release, or for any other purpose. Further, I hereby authorize the reproduction, sale, lease, copyright, exhibition, broadcast and/or distribution of the Property without limitation for any purpose whatsoever, and I further waive all rights to any compensation for my and/or my child/ward’s appearance or participation in the Property. I understand and have been advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Diocese. Participants’ names would not be identified, however, without specific written consent. I further understand that the Diocese has no control over the use of photographs or film taken by media that may be covering the event in which my child(ren)/ward(s) participate(s).

I hereby waive any claims against and release the Diocese, its current, former, and future religious, employees, volunteers, agents, and successors and assigns from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I and/or my child/ward may have against the Diocese in connection with the Property or the use of the Property.

This release shall not obligate the Diocese to use the Property or to use any of the rights granted hereunder, or to exhibit, distribute, or exploit the Property. I acknowledge that the Diocese cannot control all photographic access to its properties, and that my child/ward’s name may be printed with photos/images in various publications, including non-Diocesan publications.

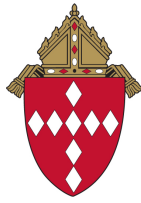
I represent that I am eighteen years of age or older, and that I have read and understand the terms of this Assignment, Waiver, and Release.

Signature

Date

If applicable, name(s) of minor children/wards:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# CATHOLIC DIOCESE of RALEIGH

## Consent Form for Electronic Communication with Minors

In order to ensure utmost transparency and parental involvement, the Diocese of Raleigh has created this consent form so that parents and guardians may select how ministry leaders communicate electronically with minors. Any and all digital networking and communication including but not limited to, email, texting, Facebook, Twitter, other Social Networking sites, etc., with parish youth/school/organization will be ministry related and NOT personal in nature, restricted to matter concerning classes, youth ministry events, parish events, school events, athletic/event schedule or registration forms. This form will be filed in a confidential folder for parish/school/organizational use only. The person(s) being authorized to communicate with the minor child is in compliance with all safe environment policies of the Diocese of Raleigh.

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

Name of Minor Child(ren): \_\_\_\_\_

Name of Ministry Leader: \_\_\_\_\_

Name of Parish/School: \_\_\_\_\_

### Approved Parent Communication Methods (Check all that apply):

- Home Phone
- Cell Phone (phone/text)
- Email
- Social Media Account
- Other \_\_\_\_\_ (please explain)

### Approved Child(ren) Communication Methods (Check all that apply):

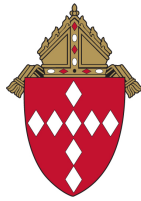
- Home Phone
- Cell Phone (Phone/text)
- Email
- Social Media Account Other \_\_\_\_\_ (please explain)

You may not contact my child(ren) directly.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Expires June 30, 2027



# CATHOLIC DIOCESE of RALEIGH

## Parental/Guardian Medical Information & Consent Form

Applicant Information				
Participant's Name:			Date of Birth:	
Address:	City:	State:	Zip:	Phone:
Father's Name:		Phone:		
Mother's Name:		Phone:		
Emergency Contact:		Languages Spoken by Emergency Contact:		

Medical Matters		
<p>I hereby warrant to the best of my knowledge, all the information provided is true and correct and I assume all responsibility for the health of my child. I understand it is my responsibility to update the Medical Information &amp; Consent Form if there are any changes to my child's health. <i>(Please initial)</i> _____</p> <p><b>Emergency Medical Treatment:</b> In the event of an emergency, I hereby give permission to transport my child to a hospital/clinic for emergency medical or surgical treatment. <i>(Please initial)</i> _____</p>		
<table border="1"> <tr> <td>Family Doctor:</td> <td>Phone:</td> </tr> </table>	Family Doctor:	Phone:
Family Doctor:	Phone:	
<p><b>Medications:</b> I hereby <b>Grant Permission</b> for my child to be given the following provided medications. All medications must be well labeled. [NOTE: Any/all prescription medications must be in original pharmacy container with young person's name on the prescription label. Non-prescription/over-the-counter medications must be in original container with young person's name on the container.] I release and hold harmless (entity name) _____, the Diocese of Raleigh and any other religious, employees, volunteers, agents and representatives from any injury or harm resulting from administering the medication. <i>(Please initial)</i> _____</p> <p>Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency, are as follows:</p>		

Medication:	Dosage:	Administer:
Medication:	Dosage:	Administer:
Medication:	Dosage:	Administer:

<p><b>Medical Conditions Information:</b> (Reasonable steps will be taken to keep this information confidential, but it will be shared with Diocesan personnel and others, as warranted.) My son/daughter:</p> <ul style="list-style-type: none"> <li>• Is allergic to the following medications _____</li> <li>• Has had an episode of the following or has been diagnosed with: <input type="checkbox"/> Seizures <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetic</li> <li>• Has had allergic reactions to the following (foods, dyes, latex, etc.) _____</li> <li>• Has had a medical surgery within the last six months? <input type="checkbox"/> Yes <input type="checkbox"/> No      Still under doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Has a medically prescribed diet <i>(please explain)</i> _____</li> <li>• Has the following physical limitations _____</li> <li>• Immunizations current and up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No      Date of last tetanus/diphtheria immunization _____</li> <li>• You should also be aware of these special medical conditions of my child: _____</li> </ul>
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Insurance Information	
<input type="checkbox"/> No, I do not carry medical insurance at this time. <input type="checkbox"/> I do carry medical insurance at this time.	Insurance Carrier:
Name of Insured:	Insurance Policy Number:

**In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.**

_____ Parent/Guardian Signature <i>(must sign for any participant under 18 or 18 or older &amp; in high school)</i>	_____ Date
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