



Archdiocese of Miami

**Youth Participant and Parent/Guardian Information, Travel Consent and Liability Waiver,
Medical Consent, and Photograph and/or Videotape Consent Form-Overnight**

For the high school youth under 18 years of age, Parent/Guardian must complete and sign the form.
For the high school student aged 18 or older, the student completes the form – and the student’s
Parent/Guardian must co- sign along with the student.

This form consists of four (4) parts; each one must be completed and Parts II, III & IV must be signed.

Part I: Participant and Parent/Guardian Information

About the Participant

Name: _____ Male Female

Date of Birth: _____

Address: _____

City/State/Zip _____

Cell Phone: _____

E-mail: _____

Traveling with Parish/School/Group: _____ Leader: _____

About the Parent/Guardian #1

Name: _____

E-mail: _____

Cell Phone: _____

Other Phone: _____

About the Parent/Guardian #2

Name: _____

E-mail: _____

Cell Phone: _____

Other Phone: _____

About the Emergency Contact

Name: _____ Phone: _____

Part II: Consent & Liability Waiver

I, as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to participate in the following activity sponsored by **St. Katharine Drexel Catholic Parish**:

(name of the activity).

I hereby freely and voluntarily consent to participation in the activity described above. I agree to assume all financial responsibility for participation in the activity and hold **St. Katharine Drexel Catholic Parish**, Archdiocese of Miami, Inc., and all of their corporate members, affiliated entities, employees, officers, directors, and agents (“Sponsors”) harmless for all costs incident to my participation in this pilgrimage.

I, the undersigned, in the trip described above, do waive and release Sponsors from liability for any injury, accident, or damages caused by any vehicle, weather, sickness, or otherwise stemming from any act or omission of any individual. I also release Sponsors and agree to indemnify them with regard to any financial obligations incurred by the acts or omissions of my son/daughter.

Part II: Consent & Liability Waiver (Continued)

I agree to comply fully with the rules of Sponsor and any travel company and I agree that Sponsor has the right to enforce its standards of conduct as determined and interpreted in their sole discretion, and that, should I fail to comply with them, Sponsor may terminate my participation in the program. In the event of termination, I agree to be sent home at my parent(s)/guardian(s) expense. I understand that this is an organized program and that group standards must be observed. I hereby waive and release Sponsor from any claim arising out of my failure to remain under such supervision. In addition, I acknowledge the right of Sponsor to terminate my participation at any time of failure to maintain standards or for any actions or conduct for which Sponsor deems incompatible with the interest, harmony, comfort, and welfare of other participants.

I understand that all travel involves some risk, and I hereby agree to assume and consent to such risk. I hereby waive and release Sponsors for any injuries, damages, or losses incurred in connection with actions, omission or conditions or developments, or any other actions, omissions or conditions within or outside Sponsors’ control. By my participation in this Activity, I voluntarily assume all risks involved in such travel, whether expected or unexpected. I hereby acknowledge that I have been warned of such risks, and that I have been advised to take appropriate action and to govern myself accordingly. I am also aware that certain insurance companies do offer insurance against some of the many perils noted and that I may opt to insure myself should I so choose.

Parent/Guardian #1 Signature

Date

Parent/Guardian #2 Signature

Date

Participant Signature, if 18 years of age or older

Date

Part III: Photograph and/or Videotape Consent & Release

I hereby grant to Sponsor the right to photograph and/or videotape me and further to use my name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, and promotional materials without any reservation, limitation, or consideration. This waiver specifically releases any common law causes of action or claims under Fla. Stat. 540.08 and expressly constitutes written consent for publication of my name, face, likeness, voice and appearance. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Parent/Guardian #1 Signature

Date

Parent/Guardian #2 Signature

Date

Participant Signature, if 18 years of age or older

Date

Part IV: Medical Matters

******PLEASE ENCLOSE A COPY OF MEDICAL CARD/INSURANCE INFORMATION******

Medical Conditions Information

My son/daughter

- Is allergic to the following medications, plants, insects, foods, etc. Indicate type of reaction and treatment:

- Requires an Epipen? Yes No
If you have answered "yes," please make sure that your child has an Epipen with him/her at all times. He/she will be responsible for administering treatment.

- Has had a medical surgery within the last six months? Yes No
If yes, please explain:

Still under doctor's care? Yes No

- Has a medically prescribed diet (*please explain*):

- Has the following physical limitations:

- Immunizations current? Yes No Date of last tetanus/diphtheria immunization:

- You should be aware of these special medical conditions of my child:

Administration of Medication

*****Please note that we are not able to dispense any medication whatsoever.*****

Is your child currently taking any medication? Yes No

All medication is to be well labeled with clear, concise directions indicated on lines below. Medicine must be in original, labeled bottle from pharmacy. Bring copies of your prescriptions. If a medication is unusual or contains narcotics, carry a letter from your doctor attesting to your need to take the drug.

Medicine _____ Dosage _____ Frequency _____

Medicine _____ Dosage _____ Frequency _____

Medicine _____ Dosage _____ Frequency _____

If your child is in need of non-prescription medications, then please make sure they have the appropriate medications with them in the original bottle or packaging.

Part IV: Medical Matters (Continued)

*****All attempts will be made to contact you if your child requires routine or emergency medical treatment.*****

Routine Medical Treatment

I grant permission for routine non-surgical medical care to be administered to my child by trained medical personnel.

Parent/Guardian #1 Signature: _____ Phone: _____

Parent/Guardian #2 Signature: _____ Phone: _____

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital/clinic for emergency medical or surgical treatment.

Child's doctor: _____ Phone: _____

Address: _____

City/State/Zip _____

Parent/Guardian #1 Signature: _____ Phone #: _____

Parent/Guardian #2 Signature: _____ Phone #: _____

Insurance Information

I do not carry medical insurance at this time.

Insurance Carrier: _____ Phone: _____

Policy Number: _____

Member Name: _____

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

I fully understand the foregoing statements and sign this Parental/Guardian Consent Form, Liability Waiver & Medical Consent knowingly, freely and willingly.

Parent/Guardian #1 Signature

Date

Parent/Guardian #2 Signature

Date

Participant Signature, if 18 years of age or older

Date