**St. Rose of Lima Youth Ministry**

**Parent & Youth Activity Permission Form**

**Event:** Butler’s Orchard Hayride & Bonfire 2017 (**HS:** 10/18/17 & **MS:** 10/17/17)

**Parent**: I, the undersigned, give my permission for my son/daughter written above to attend the activities printed above during the times noted above. In consideration of the benefits to be derived, and in view of the fact that St. Rose of Lima is a religious institution, membership in which is voluntary, I hereby agree to the participation of my child in the activity named above, and exempt and release the leaders of this activity and the officers, agents, and representatives of St. Rose of Lima Parish and the Archdiocese of Washington from any and all liability, claims, demands, actions or causes of action whatsoever arising out of any harm, or injury to my son/daughter incurred during the course of this activity whether such harm or injury results from the negligence of the leaders of this activity or of the officers, agents, or representatives of St. Rose of Lima or from some other cause. I will not hold St. Rose of Lima Parish, it’s agents nor the Archdiocese of Washington, chaperones, or representatives associated with the activity responsible in the event of injury.

In the event that I cannot be reached, I hereby grant permission for my son/daughter to be evaluated, diagnosed, treated and/or medicated in accordance with the standard medical practice by licensed medical personnel. In the event that a medical emergency occurs with my child, I grant permission to a St. Rose of Lima Parish leader to ensure emergency medical treatment for my child while attempts are made to contact me. Minor medications (i.e. Tylenol, Advil, Benadryl, allergy medications, Imodium, antacids, etc...) may be administered to my child by a St. Rose adult leader. I relieve St. Rose of Lima Parish, it’s agents and the Archdiocese of Washington of all responsibility and consequences that may arise as the result of the emergency treatments or administration of minor medications. Furthermore, I agree to accept any and all financial responsibility as a result of scheduling such treatment.

My child agrees to abide by all rules and regulations. I understand that St. Rose of Lima, it’s agents and the Archdiocese of Washington will not be held liable if my child fails to cooperate with the rule and safety measures and that any infractions of the rules may result in immediate transportation home. In the event of a medical problem, serious attitudinal issue or an expulsion due to behavior/safety issues, I will be responsible for my child’s immediate transportation home at my, (parent’s/guardian’s), expense.

**Parent/Guardian**

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Youth/Participant:** I have read this document and understand the many considerations involved. I agree to follow all Rules of St. Rose and the host facilities. I understand that significant rule or safety violations will result in my immediate dismissal and/or exclusion from future YM activities. I understand that our primary purpose is to serve others, build community and grow in faith.

**Youth/Participant**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***You may not attend the above event if both Parent & Youth have not signed this form.***