



**DIOCESE OF SALT LAKE CITY
OFFICE OF SAFE ENVIRONMENT**

CONSENT TO PARTICIPATE

Youth/Minors 14-18yrs. Of Age Attending the Youth Rally

Dear Parent/Guardian:

Your child is eligible to participate in the Teen Youth Rally at the Eucharistic Rally on July 9th, 2023. Please review, complete, sign, and return this form to the volunteer administrator in charge of the event or program.

CHILD’S INFORMATION:

Participant’s name: _____ Birth Date: _____ Sex: M/F
 Home Address: _____ Current Grade: _____
 City: _____ State: UT Zip Code: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian 1: _____ Relationship to child: _____
 Work Phone: _____ Mobile Phone: _____
 Parent/Guardian 2: _____ Relationship to child: _____
 Work Phone: _____ Mobile Phone: _____
 Parent/Guardian Email 1: _____ Parent/Guardian Email 2: _____

EMERGENCY CONTACTS: In the event of an emergency, if you are unable to reach a parent/guardian, please contact the following persons(s):

Name: _____ Relationship to child: _____
 Home Phone: _____ Mobile Phone: _____
 Child’s Physician: _____ Phone: _____
 Child’s Dentist: _____ Phone: _____

CONSENT: I hereby consent to participation by my child in the diocesan-sponsored event or program. I hereby give my express and unqualified approval for my child’s voice/verbal statements, written statements, portraits and/or video to appear in diocesan publicity, publications and/or public relations activities. The use of my child’s voice/verbal statements, written statements, portraits and/or video may be used according to the sole discretion of the Diocese and is considered the property of the Diocese in perpetuity. No consideration, monetary or otherwise, shall be paid.

RELEASE OF LIABILITY: As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Diocese of Salt Lake City, the Parish/School, the officers, directors, employees, agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and the Diocese of Salt Lake City, its employees and agents and chaperons, or representative associated with the event for reasonable attorney’s fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Diocese of Salt Lake City.

SPECIFIC MEDICAL INFORMATION

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Details are enumerated below.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Date(s) of last tetanus/diphtheria immunization(s): _____

Does child have a medically-prescribed diet? No Yes

Any physical limitations? No Yes

Is your child subject to chronic homesickness, emotional reactions to new situations, experienced fainting, seizures or any other ailment? No Yes

Has your child recently been exposed to contagious disease(s) or condition(s), such as mumps, measles, chicken pox or N1H1? No Yes

If "yes" has been marked for any of the above and/or the Diocese should be aware of this or any other medical condition(s) of my child, please explain in detail: _____

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. Initial: _____

OTHER MEDICAL TREATMENT: In the event it comes to the attention of the Parish/School/Diocese, its officers, directors, agents, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, fever, diarrhea, or persistent sore throat, I understand I will be contacted for counsel on the proper steps and actions to take. Initial: _____

CODE OF CONDUCT OF PARTICIPANT

In signing below, you agree to the following. Youth who fail to live up to these expectations may be excluded from activities.

- ✓ No possession or use of alcohol, drugs, tobacco, or other illegal/objectionable material.
- ✓ No disruptive behavior, excessive noise, fireworks, lighters, explosives, or weapons of any kind.
- ✓ Dress appropriately and modestly for activities/events. Tasteless and revealing clothing are forbidden.
- ✓ Respect the property of others and the facilities. If you break or damage something, you pay for it.
- ✓ Youth must be checked in and checked out by their parents and are expected to participate during the entire event/activity. Youth may not leave the youth rally activity facilities without a parent.
- ✓ Report any accidents, incidents, injuries, or illnesses to an adult leader immediately.
- ✓ Respect the rules of the leaders, event and facility.
- ✓ Your behavior should reflect a credit to you, your parents and the Diocese of Salt Lake City.

Youth Signature: _____

Date: _____

The information provided in this form is correct to the best of my knowledge. I understand that in signing this document, I authorize verification of this information through communication with any person or organization named herein. I release from liability any person or organization which provides such information as well as the Diocese and the Parish/School. Furthermore, in the event of any changes in the above information, I shall provide the same in writing to the Diocese.

I agree to officially check all/any children attending the Youth Rally into the event, and to check them out following the event/activities. I understand that my children attending the Youth Rally will not be allowed to leave without a parent checking them out of the activity.

Parent/Guardian Signature: _____

Date: _____