

DIOCESE OF TOLEDO

REGISTRATION/PERMISSION/RELEASE AND INDEMNIFICATION AGREEMENT

PARISH NAME: St. Joseph PARISH CITY: Sylvania, OH

*Please print clearly. All incomplete forms will be returned.*

**I. REGISTRATION**

A. Name of Participant \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Participant Cell (optional) ( \_\_\_\_\_ ) \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Parish \_\_\_\_\_ School \_\_\_\_\_  
Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male  Female  Grade \_\_\_\_\_  
Name of Adult Leader \_\_\_\_\_

B. Name of Activity \_\_\_\_\_  
Location \_\_\_\_\_  
Dates of Activity \_\_\_\_\_  
Mode of transportation if not self provided: \_\_\_\_\_

**II. PERMISSION**

The undersigned hereby state(s) that \_\_\_\_\_ (he/she/they) \_\_\_\_\_ (is/are) the \_\_\_\_\_  
(parent/parents/guardian) of the above named Participant and have full legal responsibility for the Participant. The undersigned  
hereby grant(s) permission for the Participant to participate in the Activity named in Section I.B., above.

**III. RELEASE AND INDEMNIFICATION**

- A. **Release.** The undersigned on behalf of the undersigned, the Participant, and the heirs, successors and assigns of the undersigned and the Participant, hereby release, hold harmless from any liability, and discharge from all direct or derivative claims, actions, causes of actions, medical expenses, costs, legal expenses, other expenses and all other damages at law or in equity, known or unknown, direct or indirect, choate or inchoate against the Diocese of Toledo, the Parish and all current and former employees, agents, clergy, officers and volunteers of the Diocese of the Parish, arising from the Participant's participation in the Activity named in Section I.B., above.
- B. **Indemnification.** The undersigned shall indemnify and hold harmless the Diocese of Toledo, the Parish, and all current and former employees, agents, clergy, officers and volunteers of the Diocese of Toledo or the Parish from any claim, liability, suit, judgment, loss, damage, expense, fee or cost (including court costs and attorney fees) arising directly or indirectly from the Participant's participation in the Activity named in Section I.B., above, unless arising from the negligence of an indemnified party.

**IV. SPECIFIC MEDICAL INFORMATION AND MEDICATION**

A. **Specific Medical Information.** The Parish will take reasonable care to see that the following information will be held in confidence.  
Chronic Conditions (e.g. Epilepsy; Diabetes) \_\_\_\_\_  
Allergic Reactions (e.g. Food, medications, plants, etc.) \_\_\_\_\_  
Dietary Restrictions \_\_\_\_\_  
Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_  
Any physical limitations? \_\_\_\_\_  
Has the Participant recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.?  
If so, list date and disease or condition: \_\_\_\_\_  
You should be aware of these special medical conditions of the Participant: \_\_\_\_\_

B. **Current Medication:** The Participant is taking medication at present. The Participant will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for taking such medications, including dosage and frequency of dosage, are as follows: \_\_\_\_\_

**C. Non-Prescription Medication**

Please check ONE of the following:

No medication of any type, whether prescription or non-prescription, may be administered to the participant unless the situation is life-threatening and emergency treatment is required.

Non-prescription medication may be given to the Participant, if deemed appropriate.

**V. EMERGENCY MEDICAL CONTACT AND TREATMENT**

**A. Emergency Contact Information**

Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone(s) \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

Member's Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**B. Emergency Medical Treatment**

In the event of an emergency, the undersigned hereby give(s) permission to transport the Participant to a hospital for emergency medical or surgical treatment. The undersigned wish(es) to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if the undersigned cannot be reached at the above numbers, contact:

Name & relationship: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**VI. CONSENT FOR RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION (Leave blank if Consent not granted.)**

The undersigned hereby consent to the release of photographs and name of the Participant to be used by the Diocese of Toledo and St. Joseph Parish Sylvania for future promotional programs of the Diocese and Parish. If you have any questions or concerns, please contact Rachael Hunyor at 419-885-2181.

**VII. CODE OF BEHAVIOR**

The Participant shall comply with the following:

1. The Participant must stay and participate in the entire event. The Participant may not leave the premises unless accompanied by an adult leader, parent, or legal guardian.
2. The possession or use of alcohol, tobacco, drugs, or weapons of any kind is not permitted.
3. Foul language is not tolerated.
4. The Participant must comply with any and all directions of activity staff.
5. The Participant must respect the rights and property of others. Damage to or defacing of property will be the financial responsibility of the Participant involved and the undersigned.
6. Failure to abide by this Code of Behavior may result in a request to the undersigned to transport the offending Participant from the premises, and the undersigned shall immediately comply with the request.

**VIII. SIGNATURES**

**THE UNDERSIGNED HAS READ, UNDERSTANDS AND HEREBY  
AGREES TO AND ACCEPTS ALL PROVISIONS IN THIS AGREEMENT**

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_