

Please Attach A Copy Of The Child's Health Insurance Card If Applicable

CONSENT TO PARTICIPATE AND LIABILITY RELEASE

I, the parent/guardian/conservator of _____ grant permission for my son/daughter to participate in all youth activities and functions. I understand that as parent/guardian/conservator, I remain legally responsible for any personal actions taken by my son/daughter. I recognize the inherent risk associated with the various youth activities that my son/daughter will be participating in. I agree on behalf of myself, my son/daughter named herein, my heirs, successors, and assigns to indemnify, defend, and hold harmless St. Francis of Assisi, Frisco, TX and the Roman Catholic Diocese of Dallas, their employees and/or volunteers from any and all claims (unless due to the Sole or Gross NEGLIGENCE of the Parish) for illness, injury, death, and the cost of medical treatment therewith, arising from or in any way connected with my son/daughter participating and/or attending the various youth programs and activities. In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this release, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all reasonable court costs, reasonable attorneys' fees and expenses incurred by the prevailing party.

AUTHORIZATION OF CONSENT TO TREAT MINOR

I, _____, am the parent, guardian or conservator of _____, a minor, and as such do hereby authorize St. Francis of Assisi, Frisco, TX, its youth ministry leaders, employees, contractors and volunteers as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the laws of the jurisdiction where such diagnosis or treatment may be given, whether such diagnosis or treatment is rendered at the office of said physician, at a hospital, or at any other location. It is understood that this authorization is given in advance of any specific treatment or diagnosis, but is given to provide authority and power of treatment, or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable. This authorization is given pursuant to the provisions of Chapter 32 of the Texas Family Code. This authorization shall remain effective for up to one year from the date of completion of this form, unless sooner revoked in writing delivered to said agent(s). In consideration of acceptance of this authorization, but without any time limitation and without any future right of revocation, I/we hereby release, defend and hold harmless the Parish and Roman Catholic Diocese of Dallas (Diocese), their officers, directors, agents, employees, volunteers, youth ministry leaders, and contractors from all claims, liabilities and loss in any way arising out of or in connection with or relating to such treatment and treatment decisions.

AUDIO/VISUAL RECORDING AND PHOTOGRAPHY CONSENT

On occasion, video recordings, audio recordings, photographic slides, and photographs are taken of children and youth during church and diocesan sponsored activities. These are utilized in newsletters, websites, event promotion, advertisements and other printed media. For good and valuable consideration, I hereby grant to St. Francis of Assisi, Frisco, TX, the irrevocable and unrestricted right to make, use and/or publish any and all photographs, videos, and other images of me/my minor child _____, or images in which me/my minor child may be included, now existing or hereafter made, in any case, with or without identifying subject for editorial, advertising, news, or any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same. I release the staff and volunteers of St. Francis of Assisi, Frisco, TX, and the Roman Catholic Diocese of Dallas from any liability connected with the use of my child's picture or audio/video recording as part of any of the above or similar activities.

Signature of Parent/Guardian/Conservator

Date