

Family Name _____

Date Form Completed _____

CPLC 2020 BOOT CAMP PERMISSION SLIP AND RELEASE FORM

Youth's Name: _____ Grade _____ DOB _____

Male/Female _____ Address _____ City _____ St/Zip _____

School _____ Parent (s)/Guardian Name _____

Home Phone _____ Work Phone _____ Other _____

Youth email: _____ Parent email: _____

Physician's Name _____ Phone _____

Insurance Company _____ Please include copy of insurance card (front & back)

Policy # _____ Group # _____ Phone # _____

Pertinent Medical Information (including drug allergies, chronic conditions, current medications, other)

IN CASE OF EMERGENCY, PLEASE CONTACT ONE OF THE FOLLOWING PERSONS:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

PERMISSION TO PARTICIPATE / LIABILITY RELEASE:

I, _____ the parent / guardian of _____, a minor, do hereby give the aforementioned minor permission to participate in all activities of CPLC Boot Camp (the "activity"). I hereby recognize the inherent risk associated with the activity and agree to save and hold harmless the Catholic Pro-Life Community, Inc. (CPLC), the Diocese of Dallas (Diocese), Knights of Columbus (Knights), and Springlake Event Center (Springlake), and their respective employees, volunteers, and agents from any liability or expense that may arise from my child's participation in the activity and any travel related incidents going to and from the activity.

**Parent
Initials**

I understand the participation of my minor child in the activity may expose him / her to health hazards, including but not limited to exposure to the Coronavirus / COVID-19. I acknowledge the contagious nature of COVID-19 and the risk that my minor child, and by extension his or her family members, may be exposed to and infected by COVID-19 by participating in the activity.

PERMISSION TO DISPENSE OVER THE COUNTER MEDS AND FIRST AID:

I, _____ the parent / guardian of _____, a minor, do hereby give the aforementioned minor permission to take the following "over the counter" medications as needed for minor aches and pains, under the supervision of camp personnel.

**Parent
Initials**

Circle any and all that apply

- Immodium --Antacid --Dramamine --Benadryl --Sudafed --Acetaminophen (Tylenol)
- Ibuprofen --Advil -- Cough Syrup (daytime / non-drowsy) --Midol -- Other _____

AUTHORIZATION OF CONSENT TO TREAT MINOR:

I, the parent /guardian of _____, a minor, do hereby authorize CPLC youth ministry leaders, servants, employees, officers and adult volunteers as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical 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 provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

**Parent
Initials**

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).

RELEASE OF LIABILITY:

_____ (Parent’s name) shall indemnify, hold free and harmless, assume liability for, and defend the CPLC, Diocese, Knights and Springlake and their respective agents, servants, employees, officers, and directors from any and all illness, damage, loss, claim, liability, costs and expenses, including but not limited to, medical fees, attorney’s fees, discovery costs, court costs, and all other sums associated with any claim or action founded thereon, including those arising or alleged to have arisen out of aforementioned minor’s participation in the activity and any associated travel or medical treatment of said minor.

**Parent
Initials**

We also release the CPLC, Diocese, Knights and Springlake and their respective agents, servants, employees, officers, and directors of any liability incurred due to minor’s use of real or personal property belonging to the CPLC, Knights or Springlake or their respective agents, employees, or volunteers.

MEDIA RELEASE:

I, _____ the parent / guardian of _____, a minor, grant the CPLC all right, title, and interest in any and all photographic images and video or audio recordings (collectively “media”) of aforementioned minor made by the CPLC, its employees, agents or volunteers during activities with the CPLC, including, but not limited to, any royalties, proceeds, or other benefits derived from such media. CPLC may use the media for any purpose, including communicating and promoting its mission, ministry and events in print and digital materials and on websites and social media platforms.

**Parent
Initials**

COMMUNICATION RELEASE:

I give permission for CPLC youth ministry leaders to communicate with my minor child using texting, Facebook, email, and other social media. I understand that I may request access to the aforementioned social media sites, texting and any other electronic communication at any time.

**Parent
Initials**

I, _____ the parent / guardian of _____, a minor, hereby by affirm that I have read, understand and consent to all the above terms of this Permission Slip and Release Form on behalf of aforementioned minor.

Parent/Legal Guardian’s Signature

Parent/Legal Guardian’s Printed Name

SUBSCRIBED AND SWORN TO BEFORE ME, this _____ day of _____, 20__.

Notary Public