

Youth Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

**CATHOLIC PRO-LIFE COMMUNITY: YOUTH FOR LIFE**  
**RELEASE AND WAIVER**

Youth's Name: \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Male/Female \_\_\_\_\_ School \_\_\_\_\_ Parent (s)/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

Youth email: \_\_\_\_\_ Parent email \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

We assume all risks associated with our minor child's participation in any CATHOLIC PRO-LIFE COMMUNITY (CPLC) activities. We waive all claims against and release and hold harmless CPLC sponsors, directors, officers, employees, agents, representatives from and against any and all liability for injuries or damages, arising under any theory of legal liability, to the fullest extent that we may legally agree to release the released parties, that arises out of or in connection with our participation in any CPLC event, including, without limitation, any personal injuries or loss of or damage to property.

As mother, father or guardian of the child, named herein, we assume all risks associated with our child's participation in CPLC events. We waive all claims against and release and hold harmless the released parties from and against any and all liability for injuries or damages, arising under any theory of legal liability, to the fullest extent that we may legally agree to release the released parties, that arises out of or in connection with our children's participation in the above referenced events, including, without limitation, any personal injuries or loss of or damage to property.

We also release for ourselves (and our child) all rights and claims to any video, pictures and photographs of ourselves or our children.

**Social Media Release**

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

Parent/Guardian/Conservator Signature \_\_\_\_\_ Date \_\_\_\_\_

We execute this release and waiver of liability voluntarily and of our own free will, with full and complete knowledge of its contents. We are of legal age to execute this release and waiver of liability, and we are the legal guardians of the child, listed herein.

This release is valid for all current and future CPLC events for 1 year.

Dated this \_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year).

Parent/Guardian/Conservator Signature \_\_\_\_\_ Date \_\_\_\_\_

# Youth For Life Ministry of the Catholic Pro-Life Community

## Code of Conduct

1. I agree to treat other participants, leaders, staff and volunteers with respect and understand that all adult leaders have the authority to discipline me.
2. I will always follow the schedule and guidelines given to me.
3. I understand that alcohol, weapons, fireworks, tobacco products of any kind, illegal drugs and profane or abusive language are NOT ALLOWED on any part of this activity. (Prescription drugs must be dispensed by an adult.)
4. I understand that I represent Youth For Life and the Catholic Pro-Life Community and agree to behave in a Christian and positive manner at all times. I further agree to dress appropriately during this activity.
5. Sexual indiscretion (including PDA's – public displays of affection) is prohibited at all times and in all cases.
6. No participant is allowed to leave without an adult's permission.
7. In the event of an emergency or need to contact any participants, the staff must know where I can be located; therefore, I agree to stay with my assigned group at all times.
8. I agree to arrive no earlier than 10 minutes prior to scheduled start time of event and to be picked up no later than 10 minutes after scheduled event conclusion. By attending this function all participants agree to stay until the function's conclusion, unless they have a medical emergency.
9. I realize that I, and my parents, will be financially responsible for any damage I do to others' property, facilities or vehicles.
10. I understand that if I choose to violate any part of this YFL Code of Conduct, my parents will be notified by phone and may be asked to pick me up immediately. (This determination will be left to the discretion of the event coordinator.)

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Youth Signature

Date

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Parent Signature

Date

**Unlimited Personal Release Agreement for Photographs & Video  
To the Catholic Pro-Life Community of North Texas, Inc.**

I irrevocably grant to The Catholic Pro-Life Community of North Texas (CPLC), the right to use my image and name in all forms and media. I hereby waive all my rights relating to photographs taken of myself, as well as the right to inspect or approve versions of my image used for publication or the written copy that may be used in connection with the images.

I understand that through this agreement I am relinquishing my rights to these photographs, future compensation for publication, and use or sale of the same. I also understand that the CPLC will remain the sole owner of the photographs, and has the right to publish them in any medium, including, but not limited to, newsletters, magazines, video, E-mail, and the internet or World Wide Web.

I have read and understood this agreement and I am over the age of 18.

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

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Parent/Guardian Consent [include if the person is under 18]

I am the parent or guardian of the minor named above. I have the legal right to consent to and do consent to the terms and conditions of this release.

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_