



## Parent/Guardian Consent Form, Liability Waiver & Media Release for Volunteers who are Minors

1. Participant Child's name: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Sex (check one):  Female  Male
2. Participant Child's name: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Sex (check one):  Female  Male
3. Participant Child's name: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Sex (check one):  Female  Male
4. Participant Child's name: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Sex (check one):  Female  Male

Parent/Guardian's name: \_\_\_\_\_

Phone where I can be reached during the activity: \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child/children who are listed above,  
Parent or guardian's name

to participate in this volunteer activity. This activity will take place under the guidance and direction of school employees and/or volunteers from Catholic Charities of the Archdiocese of Washington. I agree to be responsible for providing transportation for my child to and from the volunteer service activity described below.

*Service activity:* \_\_\_\_\_

*Location of event* \_\_\_\_\_ *Date of activity:* \_\_\_\_\_

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Catholic Charities of the Archdiocese of Washington, its officers, directors, employees and agents, and the Archdiocese of Washington, its employees and agents, chaperons, 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 Catholic Charities, its officers, directors and agents, and the Archdiocese of Washington, 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.

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



I hereby grant **CATHOLIC CHARITIES OF THE ARCHDIOCESE OF WASHINGTON** full and complete permission to use in reasonable and legitimate business purposes of the Program: photographs, video shots, media coverage and quotations from my child. I hereby waive any and all claims that I might otherwise have on behalf of my child for invasions of privacy as well as any and all claims for payment or royalty in connection with any showing of said materials and agree that my consent confers me no rights of ownership whatever.

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

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child/children is/are in good health, and I assume all responsibility for the health of my child/children. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

***Emergency Medical Treatment:*** In the event of an emergency, I hereby give permission to transport my child/children to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

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