

**CONFIRMATION AND YOUTH GROUP MEDICAL AND LIABILITY RELEASE,
CODE OF CONDUCT AND PHOTO RELEASE FORM**

_____ has my permission to participate in St. Margaret Mary's Youth Ministry, confirmation program and Youth Ministry special events until December 2019. My student also has my permission to attend and participate in one weekend retreat at Sacred Heart Retreat Camp in Big Bear, on the weekend of December 9th or March 10th, sponsored by St. Margaret Mary. During these activities students will be transported by bus or private cars driven by adult chaperones over the age of 21. On certain occasions students will walk to nearby restaurants with church leaders for food during the youth night activities or receive rides from leaders back to their homes. The parent and the student hereby acknowledge that there are inherent risks involved in the travel and group activities during youth group gatherings and retreat and voluntarily elect to assume said risks as their sole responsibility. The parent/guardian and the student hereby release St. Margaret Mary Catholic Church and its pastors, leaders, servants, agents, employees, and volunteers from any and all liability, claims, damages and costs for loss, personal injury, accident, misfortune or damage to the student or his/her property while participating in any activity. This permit is in effect until written notice to the contrary. By filling out the information and agreement waiver below I acknowledge having read and understood each of the foregoing provisions and agree to abide by the terms of this agreement, authorization, medical waiver and release of liability.

(Please Print)

Participant's Name: _____ Date of Birth _____/_____/_____

Parent's Name: _____ Phone #: _____ Cell or Work #: _____

Emergency Contact Name: _____ Phone #: _____

Family Physician: _____ Phone #: _____

Insurance Company: _____ Policy No: _____

Please list any Allergies to medication or foods / Medical Problems / Disabilities _____

Is the participant taking any over the counter or prescriptions drugs? Please list _____ (Use another sheet if necessary)

I also understand that in the event medical intervention is necessary, every attempt will be made to contact immediately the persons listed on this form. If I cannot be reached in an emergency during the activity dates shown on this form, I give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/ order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by St. Margaret Mary's staff and volunteers and its agents during the events and activities. I understand the possibility of unforeseen hazards and know there is the inherent possibility or risk. I agree not to hold, St. Margaret Mary, its leaders, employees and volunteers liable for damages, losses, diseases, or injuries incurred by the subject of this form.

I understand that by signing this form I/my child agree(s) to cooperate and participate fully, that I/my child will show respect for the property visited, respect for neighbor, that I/my child will show respect for the law and practice safety skills at all times. By failing to meet this code of conduct, I/my child am/are aware that appropriate action may be taken and arrangements may be made for immediate removal from the event or program.

If you do not want your child's photo used for St. Margaret Mary's publicity purposes, including bulletin articles and facebook advertising, please initial here: _____

Parent/ Guardian Signature Required

Students Signature Required

Date