



Quick Info

For Office Use Only

N: _____
G: _____ A: _____
E: _____

Consent and Release Form

Event Information

Event Name: _____
Date/Time: _____ Location: _____

Participant Information

Name: _____ Parish/School/Youth Center: _____
Date of Birth: _____ Age (at start of program): _____ Gender: _____
E-Mail: _____ Home Phone: _____ Cell Phone: _____
Full Home Address: _____

Parent/Guardian Information

Name(s): _____
Home Phone: _____ Cell Phone: _____
Full Home Address: _____

Emergency Contact Information

[Even if the Emergency Contact is a Parent/Guardian named above, please re-enter this information]

Name: _____ Relationship: _____
Home Phone: _____ Cell Phone: _____

Medical Information

[Please provide your Health Insurance Information even if no condition exists]

Health Insurance Provider: _____ Account Number: _____
Physician Name: _____ Phone Number: _____
Medical Conditions (please check all that apply):
 No Medical Condition Diabetes Asthma Epilepsy/Seizures
 Psychological Condition (i.e.: depression, bipolar disorder, etc): _____
 Allergies: _____
 Heart Condition: _____
 Currently under Physician's Care: _____
 Currently taking Medication: _____
 Other: _____

Other Needs

[Please indicate if there is any other information that we may need to know, including, but not limited to, dietary needs]

Statement of Release

[Please initial after each Statement]

General Release: I hereby give my permission for my child to participate in the above event hosted by the Office of Youth and Young Adult Ministry of the Salesians of Don Bosco. I understand and assume the risks inherent with this event from other parties, but I also understand that all reasonable care and supervision will be exercised to provide for the general well-being of my child. I individually, and on behalf of my child named above, do hereby release, covenant not to sue, and save harmless: The Salesians of Don Bosco, the named Parish/School/Youth Center, and all employees, agents, and volunteers for the event, from any and all claims for any and all harm arising to my child as a result of their participation in the event. **Initial:** _____

Photo & Video Release: I hereby give permission for my child to be photographed and videoed at the above event by the Salesians of Don Bosco or their representative. These photographs and videos may be used reasonably by the Salesians in publications, including electronic publications, and/or in audio-visual presentations, promotional literature, advertising, or in other similar ways. **Initial:** _____

Medical Release: I hereby give permission that the Salesian representative obtain professional medical treatment for my child in the unlikely event of injury or illness during this event. I request that the Emergency Contact be notified in a timely manner if such a need arises. I agree to pay any expenses incurred for such treatment(s). **Initial:** _____

Signatures

[Parent/Guardian Signature is not required for young adults over the age of 18]

Participant
Print Name: _____ Sign Name: _____ Date: _____
Parent/Guardian
Print Name: _____ Sign Name: _____ Date: _____