Participant Agreement and Release of Liability Form - Appendix 363A

I request that my child/youth

_____
Name of child/youth

Be permitted to participate in the
Catholic Archdiocese of Edmonton

_____
Name of Office/Parish/Camp/Organization

Activity/event/excursion

_____
Name of activity/event/excursion

On

_____
Date(s) of activity/event/excursion

I understand that the event will include the following (list of activities.)

_____

_____

_____

If a medical emergency involving my child/youth should arise during the activity/event/excursion, I understand that I will be contacted as soon as reasonably possible, and I authorize the archdiocesan office, parish, camp or organization and its staff and volunteers to obtain medical treatment for my child/youth, and to consent to medical treatment on behalf of my child/youth.

I understand that if my child/youth requires medication, the prescription medication will be in original containers and securely stored with the approved group leader. The medication will be self-administered by my child/youth, or by me – staff and volunteers will not apply or dispense medication.

In consideration of my child/youth being permitted to attend at the activity/event/excursion, I, on behalf of myself, my child/youth, and our respective heirs, executors, administrators, and assigns, do hereby release the archdiocesan office, parish, camp, organization and its staff and volunteers participating at the activity/event/excursion (collectively, the "Releasees"), from any claims, demands, or actions arising out of any loss, injury or damage to my child's/youth's person or property at the activity/event/excursion, notwithstanding that any such loss, injury or damage may have arisen by reason of the negligence of the Releasees.

I understand that the archdiocesan office, parish, camp or organization may take photographs, video recordings, and audio recordings of the participants at the activity/event/excursion, including my child/youth, and I authorize the archdiocesan office, parish, camp, organization to do so. I further authorize the archdiocesan office/parish/camp/organization to use or publish any such images or recordings in its sole discretion.

I understand that my child/youth shall be required to abide by all of the rules of the activity/event/excursion, which will be provided to him/her, and that my child's/youth's failure to follow these rules may result in my child's/youth's immediate dismissal from the activity/event/excursion at my expense.

_____   _____   _____
Print Name of Parent / Guardian   Signature of Parent / Guardian   Date (day/month/year)

The Catholic Archdiocese of Edmonton