

## OVER

As a rule, medication will not be administered by RE/Youth Program staff. The exception is an RE/Youth program or activity that includes an extended day or overnight activity. If medication is required a Consent and Waiver Medication Form must be completed prior to the activity.

**CONSENT TO TREATMENT OF PARTICIPANT:** I am the custodial parent or legal guardian of Participant. I hereby warrant that to the best of my knowledge, Participant is in good health and physically able to participate in the RE/Youth Activities and I assume all responsibility for the health and physical condition and ability of Participant to so participate. In the event of circumstances that indicate that Participant is in need of immediate medical care, I authorize and give permission for Participant to be transported to a hospital/clinic/medical facility for evaluation and emergency medical or surgical treatment, including any necessary X-ray examination. I authorize any licensed physician or medical center to treat Participant. **I accept full responsibility for any medical or hospital bills associated with the care of Participant.**

**LIABILITY WAIVER:** In consideration of the arrangement set forth herein, I do on behalf of myself, Participant and our respective heirs, successors, assigns and next of kin, release, waive, hold harmless, defend and covenant NOT TO SUE, *Immaculate Heart of Mary*, the Bishop of the Diocese of Lake Charles, and the Diocese of Lake Charles and each of their respective departments, directors, administrators, teachers, officers, agents, representatives, volunteers and employees from any and all actions, claims, demands or liabilities, including without limitation, those for personal injuries or property damage, that I and/or Participant may suffer due to illness or injury suffered by Participant as a result of, or in connection with, participation in the RE/Youth Activities, including the administration of authorized medications, medical treatment and any consequences that may arise as the result of said treatment, including without limitation, housing, meals and collateral entertainment to the fullest extent permitted by law.

I certify to you that the information contained herein is true and correct to the best of my knowledge and that I fully understand the terms and legal consequences of my execution of this REGISTRATION CONSENT AND WAIVER FORM FOR RE/YOUTH ACTIVITIES consisting of two (2) pages.

Custodial Parent/Guardian Name (please print):

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Custodial Parent/Guardian Signature:

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

**REFUSAL OF SAFE ENVIRONMENT  
LESSONS FOR YOUTH**

This statement is only if you do **NOT** want your child(ren) to participate in the Safe Environment lessons offered during the Religious Education and Confirmation classes. You will be notified prior to the exact dates of these lessons. I have read the letter explaining the Diocesan policy regarding Safe Environment for children. I do **NOT** want my child(ren) to receive this training.

Printed Name: \_\_\_\_\_

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

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

**Photo Release Form:** I grant to Immaculate Heart of Mary Catholic Church, the right to take photographs of me and my family in connection with the Religious Education, Youth Activities, retreats, etc. I authorize Immaculate Heart of Mary Catholic Church, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Immaculate Heart of Mary Catholic Church may use such photographs of me with or without my name and for any lawful purpose, following the Diocese of Lake Charles Safe Environment guidelines, including such purposes as publicity, illustration, advertising, and Web content. I have read and understand the above.

Printed name: \_\_\_\_\_

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

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