

Permission Release (Please read and sign)

I do hereby give permission for my child(ren) to participate in the Sacred Heart Youth Ministry program. I agree to hold the Diocese of Boise, Sacred Heart Parish, staff and volunteers free from liability for any illness or injury that might be incurred by my child(ren) during these events. Should any injury occur, I hereby give my permission for my child(ren) to receive treatment from a physician to be selected by a Sacred Heart staff member if s/he is unable to reach me or emergency contact

I understand that Sacred Heart parish, staff and volunteers are not responsible for my child(ren)'s transportation to and from Sacred Heart Youth Ministry events. Nor is Sacred Heart Parish, staff, or volunteers responsible for my child(ren) should they leave the immediate area where the event is taking place or choose to stay after an event has taken place.

I give Sacred Heart Parish permission to use photographs/videos which include my child(ren) in parish related communications. If you do not wish your child(ren) to be photographed or filmed, notify the Youth Minister in writing.

Parent/Guardian Signature: _____ Date _____

Please provide at least one emergency contact that will be contacted if we cannot reach the parents/primary contacts first.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____