

**St. Bede Catholic Youth Ministry
PERMISSION FORM**

for (Event Name): _____ **on** (Event Date): _____

Child Name _____ Grade _____ School: _____

Medical condition your child has that may hinder his/her ability to participate in this activity: _____

I/We, the parent(s) or guardian(s) of the above-named child, hereby give our permission for my/our child to participate in the St. Bede Catholic Youth Ministry (CYM) outings named above. Call Paula Stanek at 805.4527 if you have questions.

MEDICAL AUTHORIZATION

In the event of injury or illness to my/our child during the event, we hereby give my/our permission for the necessary medical treatment to be given to our child. I/We further authorize the representative of St. Bede CYM who accompanies my/our child during said event to sign consents, releases, or other documents or medical forms in order that medical or hospital care can be obtained for my/our child, with the same power and authority as if we were present to act. I/We, for my/ourselves, my/our child, my/our respective heirs, and my/our legal representatives do hereby indemnify and hold harmless any representative of St. Bede CYM and St. Bede from any and all claims, demands, and causes of action of whatever kind and nature for their actions taken pursuant to this authority.

I/We agree that in case of injury to my/our child, I/We will apply my/our hospitalization and/or accident insurance toward the payment of the expenses incurred and will not look to St. Bede CYM, St. Bede Parish, the Roman Catholic Diocese of Pittsburgh, Most Reverend Joseph Zubik, Trustee, and their representatives for the payment of any medical costs or injury-related costs.

HOLD HARMLESS AND INDEMNIFICATION

In consideration of the agreement of St. Bede CYM, of St. Bede Parish, and of the Diocese of Pittsburgh to allow my/our child to participate in the above mentioned outing, **AND INTENDING TO BE LEGALLY BOUND HEREBY**, I/We agree to indemnify, protect, save harmless and defend St. Bede CYM, St. Bede Parish, the Roman Catholic Diocese of Pittsburgh, Most Reverend Joseph Zubik, Trustee, and their representatives, successors, and legal representatives against any loss from any and all claims, demands, and actions that may hereafter at any time be brought by my/our child or anyone acting on his/her behalf, or against my/our child for the purpose of enforcing a claim for damages because of any injury (including death) or property damages sustained by my/our child, or caused by my/our child, as a result of, or in any way related to his/her participation in the above-mentioned event.

Father/Guardian's Signature Date

Mother/Guardian's Signature Date

Home Phone

Emergency Phone