

Bath	200	2 9 40	A	~ . "ap"
0.0				
	X 10007	COLT TOK	7 74	4 47 2330

First and Last Name of Participant:		Sex;	Date of Birth:
	RIPS, OFF-SITE EVENTS & F INFORMATION & PERMISSI		Minors
The following Permission Form is information as provided by a Diocesan Entity, a part of the			
(To	EVENT INFORMATION be filled out by the pastor, his delegate, or C	N Thancery employee)	;
Name of the Diocesan Entity hosting the Event	Church of St	Benedici	<u> </u>
Name of place to be visited: Firey	Trails Hayride	+ Bonfire	
Address/Location:	C	ity/State: Sand Sp	rings Zip: OK
Address/Location:	Hayride & hot	dogs/s'more	- S
Date of Event: Fri. Oct. 17	Time leaving:	7:00 pm	Returning: //:30 pm
Cost: \$ <b>8</b>			ice or not part of the trip)
Transportation provided by S+ Bene			1
Field Trip Coordinator(s): Deb Ma			
Other Important Information: Text		) L. RSVP	h. Man Oct 1
outer important information.	(110 100 1141,	, , , , , ,	7 1.00
P	PERMISSION FORM & GENERAL	. Release	
Permission: I, the undersigned Parent, inderstood the information about the Event descrant my permission for the Participant to participant t	ribed herein provided by the Dioces		
Emergency Medical Care: The Parent participate in the Event, If the situation arises tha intity, the Parent consents to the Participant recessociated with the medical care of the Participate eactions, disabilities, or other condition of the Forthe Participant while entrusted into parochial	It the Participant is in need of immed riving emergency medical treatment, pant. If the Parent is aware of any Participant that the Parent believes s	tiate emergency care. in The Parent accepts ful medical conditions. e. should be disclosed to t n as follows:	the sole discretion of the Diocesa I responsibility for any and all cost g., food or other allergies, advers he Diocesan Entity in order to car
mergency Contact Name:		Telephone Number:	
mergency Contact Name:			
Medication Consent: Given the extending Participant bring and receive prescription rescription medicine to the Participant according I prescription medications to be administered by	ed nature of the Event, it may be mu medication. The Parent agrees an g to the terms and conditions provid by the Diocesan Entity must be mu	itually agreeable to the id hereby authorizes t ded below: Parent and ist be agreed to and art	Diocesan Entity and the Parent tha he Diocesan Entity to administe Diocesan Entity agree that any an

administration. Parent may indicate the name and method of administration of prescription medication for the Participant:



Moreover, given the extended nature of the Event the Parent hereby consents and agrees that the Diocesan Entity may administer, in its sole discretion, non-prescription medications (e.g., Tylenol, ibuprofen, etc.) unless otherwise marked to the contrary: 

I, the Parent, do not consent to the Diocesan Entity administering non-prescription medications to the Participant.

- 4. Media Release: The Parent understands that the Event may be photographed, videotaped, or recorded and hereby grants permission to the Diocese to use the image and likeness of the Participant, in the sole discretion of the Diocese, in any and all diocesan media. Parties agree that compensation for the image and likeness of the Participant is limited to the adequate and valuable consideration described herein. Certain events, e.g., the Holy Mass and other large scale events, should be considered public events. Whether the Parent consents to this Media Release does not affect the ability of the Participant to engage in the Event. The Parent consents to this Media Release unless otherwise marked to the contrary: 

  I I do not consent to this Media Release.
- Waiver and Release: Parent hereby releases, forever discharges, and agrees to hold hannless the Diocese, including its successors, assigns, affiliates, directors, officers, employees, and agents, from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from any matter related to the Participant engaging in or otherwise participating in the Event, including any and all matters related to COVID-19, except to the extent arising out of the gross negligence or intentional misconduct of the Diocese. Parent acknowledges and understands that Parent is releasing the Diocese from any and all liability for injury, illness, death, or property damage resulting from any matter related to the Participant engaging in the Event to the fullest extent permitted by Oklahoma law.
- 6. Assumption of Risk: Parent hereby acknowledges the risks, including all risks associated with potentially high-risk activities, e.g. sports, of having the Participant involved in any way in the Event and hereby expressly assumes any and all risk of injury, illness, and harm associated with the Participant engaging in the Event.
- Minors: Parent hereby agrees and understands that all provisions of this Permission Form, including but not limited to, Section 5 and Section 6 of this Permission Form, are also made on behalf of the Participant, a minor, entrusted to their care, to the fullest extent permitted by Oklahoma law. Parent agrees to help assist, explain, and stress the importance of any rules, guidelines, or behavioral standards of the Diocesan Entity to the Participant, as age appropriate. In addition to any parochial policy, the Diocese does not permit the Participant to (a) possess, obtain, use, or abuse alcohol, tobacco, or any other illegal substances; or (b) possess, obtain, or use a weapon of any kind, including pocket knives. Parent understands that violation of either parochial or diocesan standards may result in discipline including and up to being prohibited from attending or otherwise engaging in the Event.
- General Provisions: This Permission Form contains the entire agreement and understanding between the Diocese and the Parent and supersedes all prior and contemporaneous agreements and understandings. The provisions of this Permission Form are independent of and severable from each other, and no provision will be affected or rendered invalid or unenforceable by virtue of the fact that for any reason any other or others of them may be invalid or unenforceable in whole or in part. This Permission Form is governed by the laws of the State of Oklahoma. Parent agrees, in the event of a dispute regarding this Permission Form, venue is proper in a Court of competent jurisdiction in Julia County. Oklahoma, and Parent vaives any objection to such venue. The paragraph or section headings begin are for convenience only and do not define, limit, or construe any contents of such paragraphs or sections. The Diocese is an Oklahoma not for profit corporation sole.

f, the undersigned Parent, certify that I have read this Permission Form in its entirety, that this is a legally binding waiver and release of liability, and that I am at least eighteen (18) years of age. I sign this Permission Form voluntarily and of my own free will on my behalf and on behalf of the Participants under my care. I understand that this Permission Form is mandatory for the participation of the Participant under my care in the Event of the Diocesan Entity.

rinted Name of Parent	Signed Name of Parent	Date Signed ("Effective Date")

Telephone Number of Parent

Document Retention Policy: Diocesan Entities are required to store and otherwise retain this document for a period of two (2) years from the year the motor listed herein reaches the age of eighteen (18) years old. A digital copy of this document is sufficient for the purposes of this retention policy. This document hardcopy or digital, may be provided to the Chancers for storage at the discretion of the discretion on the

Office of the Chancellor & In-House Counsel + August 19, 2020 - Optional Memorial of St. John Eades, priest

FOGSTHST COLLEANING DELEGATE (FINANCE) Williams Durise (filles under gr