

First and Last Name of Participant: _____ Sex: ____ Date of Birth; _____

Local Field Trips, Off-Site Events & Pilgrimages for Minors Information & Permission Form

Name of the Diocesan Entity hosting the Event: Ch Name of place to be visited: Trick or Address/Location: Vandaver Acres	Treat " to neighbor	st, or Chancery en St, B For Min hoodity/State	enedic istry o Broken	f Co. Arrov	v Zip:	UK		
Educational/Formational purpose of the Event: _ G_	Educational/Formational purpose of the Event: Go door to door asking for donations							
for Ministry of Compass Date of Event: Fri. Oct. 24	Time leav	ring: 7:00	pm	Returnin	g: /0: 0	o pm		
Cost: \$	Pack a Meal: 🗆 Y	Yes □ No	(Included in pr	ice or not	part of the tr	ip)		
Transportation provided by: S+ Benedict	+ coverea	/ volun	teers					
- , AA 1								
Other Important Information: Text Deb	(918 408	1144) +	RSVP	by	Wed.	Oct. 2		
Other Important Information: Text Deb Wear Your Halloween cost	tume - pri	zes for	r costu	me	conte:	s + !		
Permiss	SION FORM & GEN	veral Relea	ASE					
Permission: I, the undersigned Parent, the custo understood the information about the Event described he grant my permission for the Participant to participate and	erein provided by the d attend the Event	Diocesan Enti	ty and agree to	an terms	and conditio	ns and nereby		
Emergency Medical Care: The Parent hereby participate in the Event. If the situation arises that the Par Entity, the Parent consents to the Participant receiving en associated with the medical care of the Participant. If I reactions, disabilities, or other condition of the Participa for the Participant while entrusted into parochial care, the	rticipant is in need of nergency medical tre the Parent is aware ant that the Parent be	atment. The Pa of any medica lieves should b	tergency care, of trent accepts for the conditions, e the disclosed to	ill responsi	bility for any or other alle	y and all costs rgies, adverse		
Emergency Contact Name:		Telepho	one Number: _					
Emergency Contact Name:		Telepho	one Number: _					
Medication Consent: Given the extended nature the Participant bring and receive prescription medical prescription medicine to the Participant according to the	re of the Event, it ma	v be mutually a	agreeable to the	e Diocesan	Sau Little	to udilition.		





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: □ 1, 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: \Box I do not consent to this Media Release.
- Waiver and Release: Parent hereby releases, forever discharges, and agrees to hold harmless 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.
- 8. General Provisions: This Permission Form contains the entire agreement and understanding between the Diocese and the Faicht 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, yenue is proper in a Court of competent jurisdiction in Tulsa County, Oklahoma, and Parent waives any objection to such venue. The paragraph or section headings herein 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.

I, 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.

Printed Name of Parent	Signed Name of Parent	Date Signed ("Effective Date")
	A	

Telephone Number of Parent

Document Retention Policy Diocesan Entities are required to store and otherwise retain this document for a period of two 21 years from the year the minor 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 Chancery for storage at the discretion of the diocesan entity.

Office of the Chancelior & In-House Course! August 19, 2020 : Optional Memorial of St. John Eades, priest

