

Register before March 25 to get the best chance at your preferred workshops and to be entered in a draw to win a prize pack!  
 ⇒ registration closes May 3

St. Francis Xavier Parish

PARENT/GUARDIAN INFORMATION, AGREEMENT AND REQUEST FOR OUT OF CHURCH PROGRAMS

This form is to accompany the adult leader during the program.  
 PLEASE BE SURE TO FILL OUT BOTH SIDES OF THIS FORM

PARTICIPANT'S NAME: \_\_\_\_\_

OUT-OF-CHURCH PROGRAM INFORMATION

- ACTIVITY: 2019 Diocesan Youth Rally
- LOCATION: Bingham's Conference & Convention Centre (Kitchener)
- DATE OF PROGRAM: May 25, 2019
- LEAVING FROM AND ARRIVING BACK AT: to be determined (local parish)
- TIME LEAVING: 8:00am (approximate)
- TIME RETURNING: 9:00 PM (approximate)
- TYPE OF ACTIVITY: speaker, workshops, Mass, meals, music
- METHOD OF TRANSPORTATION: school bus
- ADULT SUPERVISORS: Wes Moga (Youth Minister) & youth ministry adult volunteers
- COST OF PROGRAM/PARTICIPANT: \$30
- EMERGENCY CONTACT NUMBER: 905-730-0946 (Wes' cell)

CURRENT EMERGENCY INFORMATION

PARTICIPANT'S NAME: \_\_\_\_\_  
 HEALTH CARD #: \_\_\_\_\_  
 HOME TELEPHONE #: \_\_\_\_\_  
 MOTHER'S CONTACT#: \_\_\_\_\_ FATHER'S CONTACT#: \_\_\_\_\_  
 EMERGENCY CONTACT NAME: \_\_\_\_\_  
 EMERGENCY PHONE #: \_\_\_\_\_

CURRENT MEDICAL INFORMATION

- 1: Is your son/daughter allergic to any drugs, foods, medications/other? YES: \_\_\_\_\_ NO: \_\_\_\_\_  
 IF YES, PROVIDE DETAILS: \_\_\_\_\_
- 2: Does your child take any prescription drugs? YES: \_\_\_\_\_ NO: \_\_\_\_\_  
 IF YES, PROVIDE DETAILS: \_\_\_\_\_
- 3: What medication(s) should the participant have on hand? \_\_\_\_\_
- 4: Who should administer the medication? \_\_\_\_\_
- 5: Specify any other physical limitations your child has that may affect full participation in this program.  
 Provide pertinent details or contact supervising adult leader(s). \_\_\_\_\_

MEDICAL SERVICES AUTHORIZATION (OPTIONAL SIGNATURE FOR PARTICIPATION)

I/We give consent, in the event of injury or illness, for medical personnel to administer medical and/or surgical services including anesthesia and drugs with the understanding that every reasonable effort will be made by the church/hospital to contact me.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

**ACCIDENT INSURANCE NOTICE**

St. FX Roman Catholic Church does not provide any accidental death, disability, dismemberment/medical/dental expenses insurance on behalf of the child participating in the activity.

**ELEMENTS OF RISK NOTICE**

Out-of-church programs involve certain elements of risk. Falls, collisions and other incidents may cause injuries that range from minor sprains and strains to more serious injuries affecting the head, neck or back. Some injuries could lead to paralysis or prove to be life threatening. These injuries result from the nature of the activity and can occur without any fault on either the part of the child, or the church or its employees or agents, or the facility where the activity is taking place. By choosing to participate in the activity you are assuming the risk of an injury occurring. The chances of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

St. FX attempts to manage as effectively as possible the risks involved for children while participating in out of church programs.

**TRANSPORTATION INSURANCE NOTICE**

St. FX requires all authorized volunteer drivers to have a minimum of \$2,000,000.00 third party liability insurance coverage. Furthermore, for the protection of your child(ren) against a minimally insured third party, the Church recommends that the child's parent or legal guardian strongly consider obtaining the Family Protection Endorsement/"OEF Number 44" of their vehicle in order that their child be covered as passengers in the vehicle of the program driver.

**INFORMED CONSENT AGREEMENT**

St. FX or its employees, servants or agents shall not be liable for injury or loss or damage to personal property arising from, or in any way resulting from participation in the above listed activities, servants or agents while acting within the scope of their duties.

**REQUIRED SIGNATURES FOR PARTICIPATION**

**ACKNOWLEDGMENT OF RISKS**

I/We read and understand the notices of accident insurance, transportation insurance, elements of risk and informed consent. I/We hereby acknowledge and accept the risks inherent in the planned out-of-church program and assume responsibility for my/our child for personal health, medical, dental and accident insurance coverage.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_

**REQUEST TO PARTICIPATE AND BEHAVIOUR AGREEMENT**

I/We request my child be permitted to participate in the out-of-church program and agree to pay any damages which may be occasioned through the misconduct or carelessness of my son/daughter/ward to the person or property of any other party or parties. The participant agrees to behave as a Catholic person would be expected to behave, and to obey all proper direction of Parish staff, chaperones, and/or employees of the facility being utilized.

SIGNATURE OF PARTICIPANT: \_\_\_\_\_

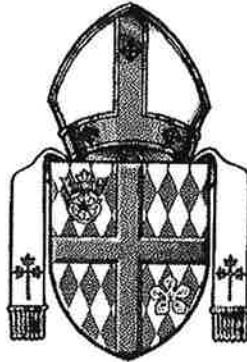
DATE: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_

**FREEDOM OF INFORMATION NOTICE:**

The information provided on this form is protected under the Freedom of Information & Protection of Privacy Act and will be utilized only for the purposes related to the Diocese's policies on Out-Of-Church Program



**THE ROMAN CATHOLIC EPISCOPAL CORPORATION OF  
THE DIOCESE OF HAMILTON IN ONTARIO**

**Photograph Consent, Acknowledgement, Waiver and Release for Minors**

**Consent**

I/We the Parents/Guardians, for myself/ourselves and/or on behalf of the Child/Minor (collectively "We") hereby consent to and grant unto The Roman Catholic Episcopal Corporation of the Diocese of Hamilton in Ontario, \_\_\_\_\_ Parish, its officials, directors, officers, employees, staff and volunteers (collectively the "Parish") the exclusive right to photograph, video or otherwise capture the Child/Minor's image and/or voice at any time during activities and events including without limitation, Children's Liturgy of the Word, Parish Picnics, First Communions and Confirmations.

We further consent and grant unto the Parish the exclusive right to use, reproduce, disclose, archive, and create derivative works of these photographs, video and sound recordings (collectively "Recordings") in print or electronic, including without limitation on the internet, to be made public on the Parish or Diocesan websites. We consent to the use, collection and disclosure of personal information in the form of Recordings to be used in a professional manner for promotional or publicity materials, consistent with the charitable purposes of the Diocese of Hamilton.

This consent can be withdrawn at any time by contacting our Privacy Officer as follows:

Attn: Pamela Aleman  
Communications and Public Relations Manager  
Roman Catholic Diocese of Hamilton  
700 King Street West Hamilton,  
Ontario L8P 1C7  
[paleman@hamiltondiocese.com](mailto:paleman@hamiltondiocese.com)  
(905) 528-7988 ext. 2234

**Acknowledgement**

We acknowledge and further grant and convey unto the Parish all rights, title and interest in any Recordings, including, but not limited to any royalties, proceeds, or other benefits derived from such Recordings. We further acknowledge that the Recordings shall constitute the exclusive property of the Parish and that the Parish has no control over, and is not responsible for the use or misuse of Recordings available on its website and social media pages by third parties. Given the broad reach of online material, We acknowledge that these Recordings may be accessed or disclosed outside of Canada.

**Release and Waiver**

We agree to waive or otherwise assign any and all copyright We may hold in the Recordings, as well as any moral rights, privacy rights and other rights We may have in the Recordings. We further waive any right to inspect or approve the use of the Recordings.

We hereby release and save harmless and forever discharge the Parish from and against any and all claims, damages or liability arising out of or in connection with the use of the Recordings, including without limitation claims of defamation, invasion of privacy, or rights of publicity or copyright infringement.

**We have read and understand this document and are aware that by signing this document are consenting to and acknowledging the above, releasing the Parish of any liability whatsoever, and waiving certain legal rights which We or our heirs, next of kin, executors, administrators and assigns may have.**

**By signing this form, We represent and warrant that We are over 18 years of age, and/or the parent or guardian of someone under 18 years of age.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

_____		_____
Child/Minor's Name		Parish
(individual under the age of 18)		
_____	_____	_____
Parent/Guardian's Name	Parent/Guardian's Signature	Date Signed
_____	_____	_____
Parent/Guardian's Name	Parent/Guardian's Signature	Date Signed
_____	_____	_____
Witness' Name	Witness' Signature	Date Witnessed