

**PARENT PERMISSION AND MEDIA RELEASE
for Totus Tuus**

CHILD'S NAME _____ **AGE** _____

ADDRESS _____
(CITY) (STATE) (ZIP)

PHONE _____

PARENT NAME _____

PARISH NAME _____

I/We the parent(s) of the above named child, hereby give my/our approval for his/her participation in Totus Tuus between July 22-27, 2018. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from any parish in the Tell City Deanery. We absolve the Tell City Deanery and its pastors and any volunteer involved in the activities and transportation associated with the event from all claims of personal injury to my/our child under any theory of law resulting from transportation. I understand that my child may be photographed, unidentified in group situations; and I hereby grant permission for my child to be photographed & identified for releases to local papers and/or parish websites/social medias and/or other promotions.

PARENT SIGNATURE _____

DATE _____

SAMPLE PARTICIPANT REGISTRATION FORM

Name of Participant: _____		
Father/Guardian: _____	Daytime Phone: (____) _____	
Mother/Guardian: _____	Daytime Phone: (____) _____	
Address: _____	City: _____	Zip: _____
Sex: ____	Grade: ____	Parish & City: ____
Home Phone (____) _____	Cell Phone: (____) _____	
Emergency Contact: _____	Phone (____) _____	

RELEASE / REQUEST FORM - STANDARD ACTIVITY

Because we believe this trip will benefit our child both educationally and spiritually, we request that the above named student be allowed to participate in **TOTUS TUUS** with _____ Parish (hereafter the "Organization") on the following dates _____ .

We understand that all rules of conduct and standards of behavior, as deemed by the Organization will apply to this trip and we have discussed these with our child. We further understand that we must assume all responsibility and liability for our child while traveling to, from, and during this trip. With this knowledge, we freely assume this responsibility and liability.

We also understand that transportation is not provided for this event. Therefore, we understand that some participants may be traveling by privately owned vehicles which may or may not be covered by insurance. With this knowledge, we hereby consent to our child traveling to, from, and during this trip in either of these manners. We further understand that the Organization is not responsible for any damages or accidents that may result from our child's actions or the actions of others. To the greatest extent possible, we release the Organization and the Diocese of Springfield in Illinois, and all those acting on their behalf, from all liability for damages to or caused by our child as a result of this trip and we agree to indemnify them for any such damages.

Does this participant have any allergies or other medical conditions that might affect this person's ability to fully participate in the Totus Tuus program? ___ Yes ___ No. If yes, please describe.

My son/daughter is taking medication and will bring all medication with him/her in the original prescription container with the label still attached. Directions for taking the medication, including frequency, dosage, and storage are as follows: _____

We hereby also give our consent for our child to receive emergency medical care during this trip.
We hereby also give our consent for photographs of our child to be taken and released.

Signature of parent/guardian: _____ Date: _____

Signature of parent/guardian: _____ Date: _____