

DIOCESE OF COLUMBUS

REGISTRATION/PERMISSION/RELEASE AND INDEMNIFICATION AGREEMENT

PARISH NAME St. Agatha Parish PARISH CITY Columbus*Please print clearly; return with appropriate payment to your appropriate leader. All incomplete forms will be returned.***I. REGISTRATION**

- A. Name of Participant _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone (____) E-_____ Participant Cell (optional) (____) _____
 Mail _____
 Parish _____ School _____
 Date of Birth ____/____/____ Male ☐ Female ☐ Grade _____
 Name of appropriate Leader Mrs. Mary Ann Schirtzinger
- B. Name of Activity PSR Classes
 Location St. Agatha Parish and School
 Dates of Activity September 10th, 2023 - May 1st, 2024
 Mode of transportation if not self provided: N/A

II. PERMISSION

The undersigned hereby state(s) that _____ (he/she/they) _____ (is/are) the _____
 (parent/parents/guardian) of the above named Participant and have full legal responsibility for the Participant. The undersigned hereby grant(s) permission for the Participant to participate in the Activity named in Section I.B., above.

III. RELEASE AND INDEMNIFICATION

- A. **Release.** The undersigned on behalf of the undersigned, the Participant, and the heirs, successors and assigns of the undersigned and the Participant, hereby release, hold harmless from any liability, and discharge from all direct or derivative claims, actions, causes of actions, medical expenses, costs, legal expenses, other expenses and all other damages at law or in equity, known or unknown, direct or indirect, choate or inchoate against the Diocese of Columbus, the Parish and all current and former employees, agents, clergy, officers and volunteers of the Diocese of the Parish, arising from the Participant's participation in the Activity named in Section I.B., above.
- B. **Indemnification.** The undersigned shall indemnify and hold harmless the Diocese of Columbus, the Parish, and all current and former employees, agents, clergy, officers and volunteers of the Diocese of Columbus or the Parish from any claim, liability, suit, judgment, loss, damage, expense, fee or cost (including court costs and attorney fees) arising directly or indirectly from the Participant's participation in the Activity named in Section I.B., above, unless arising from the negligence of an indemnified party.

IV. SPECIFIC MEDICAL INFORMATION AND MEDICATION

- A. **Specific Medical Information.** The Parish will take reasonable care to see that the following information will be held in confidence.
 Chronic Conditions (e.g. Epilepsy; Diabetes) _____
 Allergic Reactions (e.g. Food, medications, plants, etc.) _____
 Dietary Restrictions _____
 Immunizations: Date of last tetanus/diphtheria immunization: _____
 Any physical limitations? _____
 Has the Participant recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, list date and disease or condition: _____
 You should be aware of these special medical conditions of the Participant: _____
- B. **Current Medication:** The Participant is taking medication at present. The Participant will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for taking such medications, including dosage and frequency of dosage, are as follows: _____

C. Non-Prescription Medication

Please check ONE of the following:

- ☐ No medication of any type, whether prescription or non-prescription, may be administered to the participant unless the situation is life-threatening and emergency treatment is required.
- ☐ Non-prescription medication may be given to the Participant, if deemed appropriate.

V. EMERGENCY MEDICAL CONTACT AND TREATMENT

A. Emergency Contact Information

Parent or Guardian _____
Address _____
Phone(s) _____

Medical Insurance _____ Policy Number _____
Member's Name _____ Phone (_____)
Family Doctor _____ Phone (_____)

B. Emergency Medical Treatment

In the event of an emergency, the undersigned hereby give(s) permission to transport the Participant to a hospital for emergency medical or surgical treatment. The undersigned wish(es) to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if the undersigned cannot be reached at the above numbers, contact:

Name & relationship: _____ Phone: (_____)

VI. CONSENT FOR RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION (Leave blank if Consent not granted.)

The undersigned hereby consent to the release of photographs and name of the Participant to be used by the Diocese of Columbus and St. Agatha Parish (PARISH NAME) for future promotional programs of the Diocese and Parish. If you have any questions or concerns, please contact Mary Ann Schritzing (PARISH POINT OF CONTACT) at 614-488-6149 ext 114 (PHONE NUMBER).

VII. CODE OF BEHAVIOR

The Participant shall comply with the following:

1. The Participant must stay and participate in the entire event. The Participant may not leave the premises unless accompanied by an adult leader, parent, or legal guardian.
2. The possession or use of alcohol, tobacco, drugs, or weapons of any kind is not permitted.
3. Foul language is not tolerated.
4. The Participant must comply with any and all directions of activity staff.
5. The Participant must respect the rights and property of others. Damage to or defacing of property will be the financial responsibility of the Participant involved and the undersigned.
6. Failure to abide by this Code of Behavior may result in a request to the undersigned to transport the offending Participant from the premises, and the undersigned shall immediately comply with the request.

VIII. SIGNATURES

**THE UNDERSIGNED HAS READ, UNDERSTANDS AND HEREBY
AGREES TO AND ACCEPTS ALL PROVISIONS IN THIS AGREEMENT**

Participant's Signature _____ Date _____
Parent Signature _____ Date _____
Parent Signature _____ Date _____
Legal Guardian Signature _____ Date _____