



PHONG TRÀO THIẾU NHI THÁNH THỂ VIỆT NAM TẠI HOA KỲ
Vietnamese Eucharistic Youth Movement in U.S.A.

VOLUNTARY ACTIVITIES PARTICIPATION FORM

ACKNOWLEDGMENT, RELEASE, HOLD HARMLESS AND ASSUMPTION OF POTENTIAL RISK AGREEMENT

If Student/Participant is a minor, then parent or guardian must sign. If Student/Participant is an adult, no signature of parent or guardian is required. A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with the Local Church/Diocese before a Student/Participant will be allowed to participate in this Activity. STUDENTS/PARTICIPANTS AND/OR PARENTS OR GUARDIANS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS AGREEMENT SHOULD NOT SIGN THIS AGREEMENT, AND WILL NOT BE ALLOWED TO PARTICIPATE.

I, the undersigned (print name) _____ ("Student/Participant") wish to participate in **Halloween Night at the IHM School Hall**, activity of the Vietnamese Eucharistic Youth Movement in the U.S.A. (VEYM) (hereinafter "Activity"). IF UNDER 18 YEARS OF AGE, my parent or guardian authorizes my participation in this activity.

I understand and acknowledge that this Activity may be dangerous and hazardous and, by its very nature pose the potential risk of severe and serious physical and emotional injury/illness, or even death, to all individuals who participate in such Activity.

I understand and acknowledge that in order to participate in this Activity I agree to ASSUME ALL LIABILITY AND RESPONSIBILITY for any and all potential risks, injuries, or even death which may be associated with participation in such Activity. I represent and warrant that Student/Participant is mentally and physically fit, capable, able, and willing to participate in this Activity without any limitations.

I understand, acknowledge, and agree that the VEYM, its trustees, employees, agents, coaches, teachers, volunteers, or representatives shall not be liable for any injury/illness suffered by Student/Participant which is incident to and/or associated with preparing for and/or participating in this Activity.

I hereby release, discharge, indemnify, and agree to hold harmless VEYM, VEYM' governing board ("Board"), and each of their trustees, employees, agents, coaches, teachers, volunteers, and representatives free from any and all liability arising out of or in connection with Student/Participant's participation in this Activity, including all related activity such as games, practices, training activities, trips and related exercise. For purpose of this RELEASE, liability means all claims, demands, losses, causes of action, suits, or judgments of any kind that Student/Participant or Student/Participant's parents, guardians, heirs, executors, administrators, and assigns may have against VEYM, Board, and their trustees, employees, agents, coaches, teachers, volunteers, and representatives because of Student/Participant's personal, physical or emotional, injury, accident, illness, or death, or because of any loss of or damage to property that occurs to Student/Participant or his or her property during Student/Participant's participation in the Activity that may result from any cause including but not limited to VEYM', Board's, trustees', employees', agents', coaches', teachers', volunteers', or representatives' own passive or active negligence or other acts other than fraud, willful misconduct or violation of the law.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand the potential dangers incident to engaging in the Activity, am fully aware of the legal consequences of this agreement, and agree to its terms and understand I am waiving certain rights and assuming the risk of damage from my participation in the Activity.

Parent/Guardian Full Name: _____

Parent/Guardian Signature

Date

DIOCESE OF ORANGE

MINOR PERMISSION, MEDICATION NOTIFICATION & RELEASE FORM

Program: Halloween Night

Location: IHM School Hall

Date: October 28, 2017

Time: 6:00PM - 10:00AM

Fee: \$10

PARTICIPANT INFORMATION: *please PRINT all information*

Participant's Name: _____ Date of Birth: ___/___/___

Address: _____ City: _____ State: ___ Zip: _____

Home Phone: (____) ____ - _____ Student's Mobile: (____) ____ - _____

Parent/Guardian (s): _____ / _____

Parent Mobile: (____) ____ - _____ Parent Mobile: (____) ____ - _____

EMERGENCY CONTACT: Secondary Person to contact in case of emergency (adult of another household):

Name: _____ Relationship: _____ Phone: (____) ____ - _____

MEDICATION NOTIFICATION: During the above named activity my son/daughter has my permission to take the following:

Choose at least one:

My son/daughter will be taking a prescription medication.

Name of medication: _____ Dosage: _____ Times per day: _____

My son/daughter will be taking a non-prescription medication.

Name of medication: _____ Dosage: _____ Times per day: _____

My son/daughter will not be bringing any medications, but I authorize, if needed, Youth Ministry leaders to give my child non-prescription, over-the-counter, medications:

Notes: Allergies/Medical Problems/Special Dietary Requirements: _____

I, the Parent (guardian) of _____, hereby give my permission for his/her participation in the above named activity.

I agree to direct my child to cooperate and conform to directions and instructions of parish, school, or diocesan personnel responsible for this activity.

As a condition of my child being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations, including but not limited to The Roman Catholic Bishop of Orange, a Corporation Sole, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that she/he may suffer as a result of his/ her participation in the activity described above, whether or not such injuries or damage are caused by the negligence, active or passive, of any of the entities, individuals named or described above.

I agree that in the event my child is injured as a result of his/her participation in the above named activities, including transportation to and from these activities, whether or not caused by the negligence, active or passive, of the parish, school, or diocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of mine or my spouse. I am not aware of any medical condition of my child which would render it inappropriate for him/ her to participate in any activity.

I, hereby authorize the making of photographs, motion pictures, video tapes, recordings, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I, hereby waive any rights to compensation or any right that I otherwise might have to limit or control such making or use.

I, hereby give permission to the physician, nurse, dentist or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed care staff.

This form expires on:

(one month following end of activity)

Both parents/guardians are asked to sign whenever possible or applicable

PARENT/GUARDIAN'S SIGNATURE: _____ **DATE:** ___/___/___

PARENT/GUARDIAN'S SIGNATURE: _____ **DATE:** ___/___/___