

DIOCESE OF PEORIA PERMISSION FORM

YOUTH VOLUNTEER ACTIVITY: TOTUS TUUS

Name of Youth Volunteer: _____

PART I: Liability Waiver

I, the parent and/or legal guardian, of the child(ren) registered by me, hereby give my permission for his/her participation in the youth activity named above. I agree to direct my child(ren) to cooperate and conform with directions and instruction of parish, school, and/or Diocesan personnel responsible for youth activities.

As the parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named student. In consideration of my child being allowed to participate in this activity, I hereby release and agree to indemnify and hold harmless, the Diocese of Peoria, the parish, teachers, chaperones, volunteers, or representatives associated with the event, and their employees and agents, from any liability for injuries, damages, medical expenses, or any other loss to my child, family, or me (including attorney's fees) arising from or related to my child's participation in this activity.

_____ Printed Name of Parent/Guardian

_____ Signature of Parent/Guardian

_____ Date

PART II: Publicity Waiver

Video, still photographs, and audio recordings may be taken during Totus Tuus. This authorization form constitutes permission for my child's participation in videotaping, still photographs, and/or audio recordings, which may be used for future promotional efforts, including the Catholic Diocese of Peoria and/or St. Matthew Parish publications, websites, and advertising materials. In addition, local news organizations may be allowed to photograph or record our events to be used, distributed, or displayed as agents of the parish and/or diocese as the parish and/or diocese see fit. I hereby expressly grant to the parish named above and/or the Diocese of Peoria the right, privilege and license to use the picture or likeness of my child in any photograph, movie, video production or any other forms of media publication and to use the verbal or written statements or declarations of my child for the purpose of publicizing, fostering and promoting the parish and/or diocese and its programs, or for any other purpose in furtherance of the mission of the parish and/or the Diocese of Peoria.

_____ Printed Name of Parent/Guardian

_____ Signature of Parent/Guardian

_____ Date

PART III: Medical Waiver

I grant permission for the administration of First Aid to my child,

_____, by the people in charge of the Totus Tuus event, to sign the necessary releases as may be required, and to make the necessary referrals to qualified physicians for

the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant firstly, then the emergency contact listed below when I cannot be reached. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

_____ Printed Name of Parent/Guardian

_____ Signature of Parent/Guardian

_____ Date

Insurance Information:

Policy Holder (in the name of): _____

Insurance Company: _____

Policy #: _____

Identification #: _____

Authorized Physician: _____ Phone #: _____

Authorized Hospital: _____

Parent/Guardian Signature: _____

Date: _____

Emergency Contact:

In case of emergency, when parents can't be reached, please contact:

Relationship to child: _____

Phone #: _____

Parent/Guardian Signature: _____

Date: _____