

YOUNG DISCIPLES OF MARY

(A YOUTH GROUP OF THE DISCIPLES OF MARY – ALAGAD NI MARIA)

1235 S. MAGNOLIA AVE., ANAHEIM, CA 92804

www.disciplesofmary.net/ydm email: youngdisciplesofmaryusa@disciplesofmary.net

PARTICIPANT'S PERMISSION &WAIVER FORM

I, the parent/guardian of hereby give my permission
for her/his participation in all the activities of the Young Disciples of Mary. I agree to direct my child to cooperate
and conform to the directions and instructions of the personnel in-charge.
As a condition of my child being allowed to do so, I hereby release and discharge the Diocese of Orange, the Disciples of Mary, the Friends of Alagad ni Maria Inspiring to Lead the Youth (F.A.M.I.L.Y.), its constituent organizations including but not limited to the Roman Catholic Bishop of Orange, a Sole Corporation, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that he/she may suffer as a result of his/her participation in the activities of the Disciples of Mary, whether or not such injuries or damages 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 any activity of the Young Disciples of Mary, including transportation to and from this activity, whether or not caused by negligence, active or passive, I will indemnify any of the members of the F.A.M.I.L.Y., the Disciples of Mary or any of its employees and member for the payment of any resulting hospital, medical, dental treatment or related cost and expenses, using any 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 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.
I, hereby authorize the making of photographs, motion pictures, video tapes, recordings, or other activity memorializing of said event and my child's participation therein, and publication and duplication or other use thereof. I hereby waive any right to compensation or any right that I otherwise might have to limit control of such making or use.
I agree to provide round-trip transportation for my child between my home and the venue.
By: Parent or Guardian (Signature over Printed Name) Date
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As a participant in all the formation meetings, it is my full understanding and free choice that I am hereby attending such formation meetings. I understand that any inappropriate behavior will result in the immediate termination of my participation in the program.
X
Participant's Signature Date