

Archdiocese of Philadelphia Parent/Guardian Permission and Release Form

We (I), the parent(s)/legal guardian(s) of _____ do hereby give our permission for him/her to participate in the Philadelphia Catholic Youth Conference (PCYC) to be held at Pope John Paul II High School located on 181 Rittenhouse Rd, Roversford, PA 19468 on Saturday, February 20, 2027.

I give my permission for my child's picture/video to be taken as a part of the event described above and for my child's picture/video and/or name to be used or posted on any parish/school or Archdiocesan websites or social media. *(Details regarding multimedia usage found on the back of this form)*

In consideration for our (my) son's/daughter's participation in the event, and intending to be legally bound, we (I) and our (my) son/daughter agree and understand that we assume all risk of our (my) son's/daughter's participation in the event, and with full knowledge of the risks inherent in such a program, we (I) do hereby release and forever discharge the parish/school, Archdiocese of Philadelphia and their employees, volunteers, chaperones, agents, administrators, and any official representatives from any/all liability, damages, actions or suits in law or equity which we might hereafter have by reasons of personal or bodily injury, and/or property damage arising from or related by our (my) son/daughter participating in the above-mentioned event. In case of emergency, we (I) give permission for our child to receive necessary medical treatment until the following contact can be notified and I agree to be responsible for payment of that treatment.

In case of emergency, contact us at this phone number _____

If we are unavailable, contact: Name/relationship _____

Phone number _____

We (I) and our (my) child have read and understand this Permission and Release, and agree to abide by all rules and regulations established by the parish/school and Archdiocese of Philadelphia for the event.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

*Both parents and/or guardians should sign this Permission and Release. If one parent and/or guardian otherwise unavailable, the fact should be noted on the form. If only one parent has custody, permission must be obtained from this parent with an acknowledgment that this parent is sole custodian of the child. If there is not parent and only one guardian, permission must be obtained from the sole guardian with an acknowledgment that he/she is the sole guardian.

PLEASE COMPLETE THE FOLLOWING:

Name of Student _____ Home Phone _____

Address _____ City _____ Zip _____

Age _____ Grade _____ School/City _____

Parish/Catholic School _____

MEDICAL INFORMATION:

Family physician's Name _____ Phone _____

Indicate any illness or allergies of which we should be aware. Also, if the student will be taking any prescription medication emergency responders should be aware of, please note below.

My child has permission to be given Tylenol or Ibuprofen if needed. Yes No

MULTIMEDIA USAGE:

By signing this permission form, I/we, hereby consent to the use of any video tapes, photographs, slides, audio tapes or any other audio or visual reproduction in which the above named individual may appear by the SCHOOL/PARISH/ARCHDIOCESE OF PHILADELPHIA running the event. I understand that these materials may be used for the promotional purposes including recruitment and fund-raising efforts or general publication. Promotion may include but is not limited to slide presentations, photo displays, Internet promotions, electronic multi-media or billboard display. I agree that the photograph/ image shall be free for use and release the SCHOOL/PARISH and the Archdiocese of Philadelphia, its employees, volunteers and agents for any liability connected with the use of said photograph or image.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____