

FORM B: EVENT SPECIFIC CONSENT AND RELEASE ADULT



Diocese of Wilmington
Parish/Diocesan Institution Trip/Event
Consent and Release

I (*please print full name*) _____ am voluntarily attending and participating in the _____ to be held at _____ on _____ from _____ to _____.

I understand that during the course of this event/program that I will act as a responsible adult and that I will be expected to abide by all rules stated in the Diocese of Wilmington Volunteer Covenant and the Catholic Youth Ministry Code of Conduct (Form G) as well as any additional rules as stated by the Office for Catholic Youth Ministry and the event sponsor or host site.

I understand that promotional pictures (individual and group) will be taken during this event. I give permission for my picture to be used for promotional materials (newsletter, web page, calendars, power point, etc.) in highlighting the event.

By my signing this, I release CYM Staff, The Office for Catholic Youth Ministry, additional chaperons, and the Diocese of Wilmington from any and all liabilities and waive all claims against them. I also give my permission for the event coordinator and other qualified adults to obtain proper medical treatment for my child should it become necessary.

_____ Insurance Carrier/Policy Number

_____ Insurance company address

_____ Insurance company phone number

_____ Medication taken on a regular basis

_____ Medication taken within last two weeks

_____ Emergency Contact Name/Phone Number

_____ Signature of Adult Volunteer

_____ Date