



EPHC
 El Programa Hispano Católico
 Cultura • Comunidad • Oportunidad

Participant Waiver and Release for Minors and Other Vulnerable Populations

_____ has my (our) permission to participate with _____
Name of Participant *Program Name*
 in _____ on _____ at _____ from _____ to _____;
Event or Activity *Date* *Location* *Beginning/ Ending Time*

Transportation will be provided, and we will meet at _____ at _____
Location *Time*

Transportation will not be provided from, student must meet at _____ at _____
Location *Time*

At the end of our fieldtrip youth will be dropped off at _____ (*Location*)

All youth will be supervised by adults per policies & procedures of Catholic Charities/ El Programa Hispano Católico and its programs.

I understand and acknowledge that _____ poses risks to my child/charge, including the risk of serious injury or death.

I (we), as parent(s) or guardian(s) of the participant named above, do hereby, for my child/charge, myself, my heirs, executors and administrators, release and forever discharge Catholic Charities, and all officers, directors, employees, agents and volunteers of the organization, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the participant's participation in the above noted event. I hereby certify that the participant is my child/charge and that his/her date of birth is _____, and I do hereby certify that to the best of my knowledge and belief said participant is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. I hereby advise that the above named participant has had all the following allergies, medicine reactions or unusual physical conditions which should be made known to a treating physician: (If none, please write the word "none".) _____

Parent/Guardian Signature *Print Name* *Address* *City* *Phone*

Emergency Contact Information:

Name of Contact: _____ **Day Phone/Cell:** _____

Please read carefully and understand everything before signing:

- Each participant is responsible for his/her safety and is asked to do their part to help keep the group safe and avoid un-necessary risk
- There is/are certain risk(s) associated with the activity described.
- **Parents/guardians who want further information about this should contact**

_____ at _____
Staff responsible for event *Phone Number*

If I am unable to read or fully understand this Waiver, I hereby agree, by the "X" in this box that it has been read or translated to me fully, and that I comprehend all terms of the document.