

# Participant Permission Form



ROMAN CATHOLIC  
**DIOCESE**  
*of Calgary*

**Please note that one form must be completed for each applicant**

I, \_\_\_\_\_ give permission for \_\_\_\_\_  
Parent/Guardian Name Participant Name

to attend the following activity (include location if different from Parish):

\_\_\_\_\_

with \_\_\_\_\_ on \_\_\_\_\_  
Name of Parish/Organization Date(s)

from \_\_\_\_\_ to \_\_\_\_\_  
Time Time

This event will be supervised by \_\_\_\_\_  
Name of ministry coordinator or volunteer in charge of the event

I understand that a certain degree of risk that could result in injury, death or loss or damage to person or property is inherent with this activity. After carefully considering the risk involved, I hereby release, hold-harmless and waive all claims associated with this activity which I may have against the Parish, the Diocese of Calgary, its employees, officers, directors, agents, and volunteers.

I understand that reasonable precautions will be taken to protect the health and well-being of my child who is participating in the event. I will be notified as soon as possible in case of an emergency but if neither emergency contact person can be reached, I consent to the Parish Program Coordinator and/or their representative securing emergency medical care for my child at any hospital or authorized health care centre they deem necessary and appropriate for the care of my child and that I will be financially responsible for any costs associated with the medical services provided.

\_\_\_\_\_  
Parent/Guardian Signature Date

=====  
**Emergency Contact Information:**

Primary Contact Person: \_\_\_\_\_

Primary Contact Phone: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_

Alternate Contact Phone: \_\_\_\_\_