



OFFICE OF YOUTH AND YOUNG ADULT MINISTRIES
The CATHOLIC DIOCESE OF TRENTON
701 Lawrenceville Road; P.O. Box 5147, Trenton, NJ 08638-0147
Phone: 609-406-7410; Fax: 609-406-7419

YOUTH MINISTRY DIOCESAN PERMISSION/WAIVER FORM

Participant Information

Name: _____ Age: _____ Birthday: _____ Home Phone: _____

Address: _____ Email: _____

Emergency Contacts

Name/Relationship: _____ Work Phone: _____ Cell: _____

Name/Relationship: _____ Work Phone: _____ Cell : _____

Permission for Publicity

On occasion, The Diocese of Trenton takes photographs or makes an audio or video recording of children and/or adults involved in church/youth activities. I consent to the use of any such photographs, or audio or video recordings of the individual named above to be used, distributed or displayed as agents of the Diocese of Trenton see fit (ex.: diocesan websites, diocesan blog, the Monitor, etc.).

☐ I give permission for publicity

☐ I do not give permission for publicity

Release of Liability

Participant over the age of 18

By signing this waiver form, I acknowledge that I am physically and mentally able to participate in youth ministry activities. I acknowledge that there are certain risks involved in said activities.

I release The Diocese of Trenton, its affiliates, volunteers, and employees of all responsibilities for any injuries, to body or property, which may occur to me during the course of these activities. In the event of an emergency in which I, or the alternate contact, cannot be reached, I authorize the adult leaders to make medical decisions for me, and to administer first aid if deemed necessary.

I further agree to indemnify and hold harmless The Diocese of Trenton and its affiliates, volunteers, and employees of any and all claims arising from my participation in activities or as a result of my injury or illness during such activities.

I have read the Waiver Form and I am fully aware of its contents.

Signature of Adult Participant

Date

Parent of participant under the age of 18

By signing this waiver form, I grant permission for the child named above to participate in and engage in The Diocese of Trenton events. My child is physically and mentally able to participate in these activities. I acknowledge that there are certain risks involved in said activities, and have discussed them with my child if necessary. I am aware that the Diocese of Trenton has my child's safety and well-being as its priority and that steps are always taken to ensure that safety in all diocesan events, activities, and initiatives.

I release The Diocese of Trenton, its affiliates, volunteers, and employees of all responsibilities for any injuries, to body or property, which may occur to my child during the course of these activities. In the event of an emergency in which I, or the alternate contact, cannot be reached, I authorize the adult leaders to administer first aid, if necessary, and/or to obtain medical treatment on my behalf.

I further agree to indemnify and hold harmless The Diocese of Trenton and its affiliates, volunteers, and employees of any and all claims arising from the participation of my child in activities or as a result of injury or illness of my child or mine during such activities.

As the parent/guardian of _____, who is under 18 years of age, I authorize their participation in the above mentioned diocesan experience. I have read the Permission/Waiver Form and I am fully aware of its contents. I give permission for the child named above to participate fully in the activities of The Diocese of Trenton.

Signature of Parent/Guardian

Signature of Youth

Date