**Catholic Charities, Diocese of Cleveland Fatima Family Center**

**Consent to Participate in Fatima Youth Programs and Release of Claims**

I/We, the undersigned, consent to the participation of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[Fatima Youth Program Participant’s Name]

(hereafter “FYP Participant”) in various Fatima Youth Program (hereafter, “FYP”) activities, which will take place at the Fatima Family Center, a Catholic Charities Corporation, dba Catholic Charities Diocese of Cleveland site, and field trips that will take place off-site at locations other than Fatima Family Center and require separate transportation provided by Fatima Family Center (hereinafter “FFC”). I/We, the undersigned, participant/parents or guardians, on behalf of the FYP Participant and myself/ourselves, my/our heirs and assigns, hereby agree to indemnify, save and hold harmless FYP, FFC, Catholic Charities Corporation, dba Catholic Charities Diocese of Cleveland, Diocese of Cleveland Facilities Services Corporation, the Catholic Diocese of Cleveland, the Bishop of the Catholic Diocese of Cleveland, and any of their employees, officers, agents, attorneys, contractors, representatives, successors, licensees, or assigns, for the safety of the FYP Participant, and for any bodily injury and/or disability sustained by the FYP Participant and/or me/us arising out of, or resulting from, participation in the events and programs offered by FFC. As an FYP Participant or parent/guardian of an FYP Participant, I/we recognize and acknowledge that there are certain risks of injury and I/we agree to assume the full risk of any and all bodily injuries and otherwise, including loss of life, damages, or other losses which the FYP Participant and I/we may sustain as a result of participating in any and all activities connected with or associated with FYP. In consideration of the above-referenced FYP Participant being permitted to attend the FYP, I/we agree on behalf of the FYP Participant and myself/ourselves, our heirs, representatives and assigns, to waive and relinquish any and all claims, and to fully release, discharge, indemnify, hold harmless and defend the FYP, FFC, Catholic Charities Corporation, dba Catholic Charities Diocese of Cleveland, the Diocese of Cleveland Facilities Services Corporation, the Catholic Diocese of Cleveland, and the Bishop or Administrator of the Catholic Diocese of Cleveland, and any of their employees, officers, agents, attorneys, contractors, representatives, successors, licensees, and assigns from any and all claims resulting from bodily injuries and otherwise, including loss of life, damages or other losses sustained by the FYP Participant and me/us arising out of, connected with or in any way associated with participation in the activities of the FFC’s programs.

The Emergency Authorization Form and Release, set forth below, must be completed prior to participation. I have read and fully understand the contents of this Permission to Participate and Waiver of Liability and Release, and agree to the provisions contained herein.

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**Signature of Parent/Legal Guardian Date**

**2) AUTHORIZATION FOR MEDICAL AND/OR EMERGENCY TREATMENT AND RELEASE**

I/We hereby give permission and authorize the Fatima Family Center (hereafter, “FFC”), a Catholic Charities Corporation, dba Catholic Charities Diocese of Cleveland site, their employees, agents, representatives, successors and assigns to provide medical care including but not limited to the administration of prescribed medications and the delivery of first aid care to the Fatima Youth Program Participant (hereinafter “FYP Participant”) who engages in various Fatima Youth Program activities (hereafter “FYP”) and for whom I am parent or legal guardian. I hereby give permission and authorize FFC, its employees, officers, agents, contractors, attorneys, representatives, successors and assigns, to act on my behalf or on the behalf of the FYP Participant to seek medical treatment in the case of illness or accident from a medical practitioner or hospital, and to arrange necessary related medical transportation. Should medical attention be required to care for me, or for the FYP Participant, I agree to pay any expenses incurred and I further acknowledge and state that FYP Participant and/or I/we has/have adequate health insurance coverage to reimburse emergency care in the event that it is required. In the event that reasonable attempts to contact me/us or my/our emergency contact have been unsuccessful, I hereby grant consent and permission for FFC staff to accompany FYP Participant to emergency medical care, and allow the administration of emergency treatment and care on him/her, including but not limited to x-ray examination, medical or surgical diagnosis or treatment and hospital care rendered under the supervision of any physician or surgeon licensed to practice medicine in the State of Ohio.

In consideration of my participation or the participation of the FYP Participant in an FFC program, and wishing to promote and benefit this non-profit cause, I, on behalf of the FYP Participant and myself/ourselves, our heirs, representatives and assigns, hereby release and hold harmless the FYP, FFC, Catholic Charities Corporation, dba Catholic Charities Diocese of Cleveland, the Diocesan Facilities Services Corporation, the Catholic Diocese of Cleveland, the Bishop or Administrator of the Catholic Diocese of Cleveland, their employees, officers, agents, attorneys, contractors, representatives, successors, licensees, and assigns from any and all liability for claims and demands related to or arising from the medical or emergency medical care of the program member. I, on behalf of the FYP Participant and myself/ourselves, specifically waive any rights and claims that we may have, as well as any other claims for damages in law or equity. I have read and fully understand the contents of this Authorization for Medical and/or Emergency Medical Treatment and Release, and agree to the provisions contained herein.

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**Signature of Parent/Legal Guardian Date**

**3) AUTHORIZATION TO PHOTOGRAPH & RELEASE (Optional)**

I hereby give permission and authorize the Fatima Family Center (hereafter “FFC”), a Catholic Charities Diocese of Cleveland site and the Fatima Youth Program (hereafter “FYP”), its employees, agents, contractors, representatives, and assigns, to photograph, or otherwise electronically or digitally record my image or the image of the FYP Participant, for whom I am parent or legal guardian, for publication in printed or electronic form, and for my image or that of the FYP Participant, for whom I am parent or guardian, to be seen and disseminated to the general public in any media form, including, but not limited to FYP newsletters, posters, displays, films, videos or websites. In consideration of my participation or the participation of the FYP Participant in an FYP activity or program, and wishing to promote and benefit this non-profit cause, I, on behalf of FYP Participant and myself/ourselves, our heirs, representatives and assigns hereby indemnify, release and hold harmless the FYP, FFC, Catholic Charities Corporation, dba Catholic Charities Diocese of Cleveland, the Diocese of Cleveland Facilities Services Corporation, the Catholic Community Foundation, the Catholic Diocese of Cleveland, the Bishop or Administrator of the Catholic Diocese of Cleveland, their employees, officers, agents, attorneys, contractors, representatives, successors, licensees, or assigns from any and all liability for claims and demands arising out of the use of my image or the image of the FYP Participant in any aforementioned media. I specifically waive any rights and claims that I and/or the FYP Participant, our heirs, representatives and assigns may have or claim for privacy, invasion of privacy, libel, payment or royalties for use of the above-described photograph, as well as any other claims for damages in law or equity.

I have read and fully understand the contents of this Authorization to Photograph and Release, and agree to the provisions contained herein.

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**Signature of Parent/Legal Guardian Date**