



The Diocese of Knoxville  
Office of Youth & Young Adult Ministry

**YOUTH MEDICAL RELEASE  
AND LIABILITY WAIVER**

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail Contact: \_\_\_\_\_@\_\_\_\_\_.

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Parish: \_\_\_\_\_ Grade \_\_\_\_\_

I \_\_\_\_\_ give my permission for my child to participate in the **Diocese of Knoxville Good Friday Mission at Founders Park and Turkey Creek Shopping Complex in Farragut TN on April 10, 2020 from 9:30 AM – 12:30 PM** I also understand that a certain code of conduct is expected of all youth and adults attending any Diocese of Knoxville sponsored event. By signing below, I state that my child has read, signed and has full understanding of the code of conduct. I understand that any violation of the code of conduct by any youth is grounds for dismissal. If a young person is in violation of the code of conduct, I understand that I will be contacted by telephone regardless of the time of day or evening to be informed of the incident. I also understand that all arrangements and costs for transportation home will be the responsibility of the parent or guardian.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Print Parent/Guardian Name Date

Signature \_\_\_\_\_

**MEDICAL MATTERS**

I hereby warrant that to the best of my knowledge, my child is in good health. **I assume all responsibility for the health of my child with our families insurance.** Of the following statement pertaining to medical matters, *sign only those in accordance with your wishes:*

**EMERGENCY MEDICAL TREATMENT**

In the event of an emergency, I hereby give permission to transport my child to the hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above number contact:

Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Health Plan Carrier: \_\_\_\_\_

Member ID: \_\_\_\_\_

Group #: \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Print Parent/Guardian Name Date

Signature \_\_\_\_\_

**OTHER MEDICAL TREATMENT** sign one of the four following

1. In the event it comes to the attention of the Diocesan and Parish agents, chaperones or representatives associated with this event that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called using my emergency phone number.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Print Parent/Guardian Name Date

Signature \_\_\_\_\_

2. My child is taking medications at present. My child will bring all such medications necessary and such medications will be labeled. Names of medications and concise directions for administering such medications, including dosage and frequency are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print Parent/Guardian Name Date

Signature \_\_\_\_\_

3. I hereby grant permission for non-prescription medication (such as Tylenol, Advil, throat lozenges, and cough syrup) to be given to my child, if deemed advisable.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Print Parent/Guardian Name Date

Signature \_\_\_\_\_

4. No medication of any type whether prescription or non-prescription may be administered to my child unless the situation is life-threatening and emergency treatment is required.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Print Parent/Guardian Name Date

Signature \_\_\_\_\_

Dietary Needs: \_\_\_\_\_

Allergies: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

Special Medical Conditions: \_\_\_\_\_

## Diocese of Knoxville Youth Ministry Youth Code of Conduct

1. The use of drugs, tobacco, alcohol, fireworks, matches, cigarette lighters, or items that would endanger people, pets, wildlife or property are strictly prohibited.
2. Clothing must be appropriate. Spaghetti straps, short shorts, tank tops, halter tops, baggy pants, and any clothing item found bearing midriiffs or offensive in reference to tobacco or alcohol products including insignias or advertisements will not be allowed. Refusal to wear appropriate clothing could lead to dismissal.
3. Language and behavior should exemplify Christian values.
4. Public displays of affection will be addressed when deemed inappropriate.
5. Participants are expected to respect the rights and property of others. Neither vandalism nor stealing will be tolerated. Financial obligations that result from such behavior will be the sole responsibility of the youth and his/her family.
6. Male and female participants are not to be in each other's sleeping areas without a chaperone.
7. If applicable, participants must wear their nametags at all times.
8. No participants are permitted to leave the premises without the expressed permission of the coordinator.
9. Cell phones and music, game and video game gear are not permitted, unless otherwise noted. CELL PHONES will be taken up if brought, to the end of camp.
10. No participants are allowed to ride in a car with another participant to, from or during an event unless expressed permission has been given by a parent/guardian to the coordinator.
11. Each participant is expected to participate in all activities of the event. The coordinator will address any infraction.
12. Food and drinks are only to be consumed in designated areas.
13. Participants are to abide by specific regulations pertaining to individual events not stated above.

Note: The coordinating team takes every precaution to provide a safe environment. We cannot be held responsible for the willful misconduct of a young person.

**Code of Conduct:** I agree that my child is expected to abide by all rules and regulations as outlined in the Code of Conduct. I agree that if my child fails to abide by this Code or engages in any infraction that is deemed by the coordinator to be inappropriate, he/she will be dismissed from this activity and sent home at my expense with no right of reimbursement.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Print Parent/Guardian Name Date

Signature \_\_\_\_\_

I have read the foregoing and understand the **Code of Conduct** for participants and I will abide by them. In addition, I will abide by all directions given me by the coordinators and adult chaperones. I understand and agree that my parents or guardians will be notified at the time of any infraction requiring my dismissal from this event and that I will be sent home at the expense of my parents or guardian. I also understand that being in possession of any tobacco product, alcoholic beverage, or drug is cause for automatic dismissal from this event.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Print Participant Name Date

Signature \_\_\_\_\_

## Audio/Video Photo Release

I hereby agree to have Audio/Video and Photographs taken of me and kept on file by the Roman Catholic Diocese of Knoxville on the following date(s) **Diocese of Knoxville Good Friday Mission at Founders Park and Turkey Creek Shopping Complex in Farragut TN on April 10, 2020 from 9:30 AM – 12:30 PM** I understand that the audio sound bites and images shall be exclusively owned by the Diocese of Knoxville, and it may be used for the purposes of promoting the Office of Youth and Young Adult Ministry or another development program of the Diocese. The Diocese of Knoxville has made no representations or other promises to me regarding quality or possible distortion of this material.

I hereby expressly grant all rights, in perpetuity, for the use of all or any part of the sound or video images taken of me on the above date. I acknowledge that the audio and video images have been taken free of charge and without a professional fee or any other compensation.

I further acknowledge that I shall receive no royalties, residual compensation or any other consideration of any sort from any party at any time, as a result of the audio and video being taken or arising from the subsequent reproduction or distribution of the audio and video taken on the above date. I expressly waive and relinquish without recourse all rights, interests and claims that I may now have or may have at any future time in the audio and video taken on the above date. I expressly waive notice of distribution or redistribution or any right of approval of the material taken on the above date.

I hereby grant the Diocese of Knoxville my permission to publish my name and use my likeness that it manufactures from the material taken on the above date. This permission extends to the Diocese of Knoxville and any subsequent party which the Diocese may designate that is involved in the reproduction and distribution of this material.

I have read the above terms and conditions of this release. I understand the contents of this release and that I am waiving and relinquishing all rights that I may have as set forth above.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Participant Signature Date

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

For more information contact:

Deacon Al Forsythe  
(865) 806-1343 or [aforsythe@dioknox.org](mailto:aforsythe@dioknox.org)

Carolyn Krings  
(865) 386-1459 or [kringsck@icloud.com](mailto:kringsck@icloud.com)