

This waiver covers all events to be held on St. Kilian Church grounds. It does not include overnight or off-site events.

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Minor Permission & Release Form

Program: Participation in the events of the St. Kilian Confirmation Program (including Youth Ministry, Confirmation Preparation and other parish activities). This authorization is valid for all events held on St. Kilian Church grounds only, from the SIGNED date until May 31, 2025. **Please note:** A separate release form is required for all events not occurring on St. Kilian Church grounds.

Please Print!

Participants Name: _____ Date of Birth: ____/____/____

Parent's Name: _____

Home Number: _____ Work Number: _____ Cell Phone: _____

Emergency Contact Name (other than a parent): _____ Phone: _____

Family Physician Name: _____ Phone: _____

Insurance Company: _____ Policy No: _____

Allergies/Medical Problems/ Disabilities: _____

I, the Parent(s) (guardian) of _____ hereby give my permission for her/ his participation in the above named activity. I agree to direct my child to cooperate and conform to the directions and instructions of parish, school or diocesan personnel responsible for this activity.

As a condition of my child being allowed to do so, I hereby release and discharge the Diocese of Orange, it's constituent organizations including but not limited to The Roman Catholic Bishop of Orange, a Corporation Sole, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that (s)he may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damages are caused by the negligence, active or passive, of any of the entities, individuals named or described above.

I agree that in the event my child being injured as a result of his/her participation in the above named activity, including transportation to and from this activity, whether or not caused by the negligence, active or passive of the parish, school, or diocesan youth activities program or any of its agents of employees, recourse for the payment of any resulting hospital, medical or dental treatment or related costs and expenses will first be against any accident, hospital, medical or dental insurance, or any available benefit plans of mine or my spouse. I am aware of any medical condition of my child, which would render it appropriate for him, her to participate in any activity.

I, hereby authorize the making of photographs, motion pictures, video tapes, recording, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I hereby waive any rights to compensation or any right that I otherwise might have to limit if to control such making or use.

I, hereby give permission to the physician, nurse, dentist, or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed care staff.

Parent's/Guardian's Signature: _____ Date: ____/____/____