BUKAS-LOOB SA DIYOS A Covenant Community Archdiocese of Washington

WAIVER

I, ______, the undersigned, give permission for my youth (age 14-17) to attend the Youth Encounter sponsored by BLD Washington on the specified date. As a parent, I understand that it is my responsibility to pick up my child/children or make arrangements for their transportation at the pre-determined time.

I understand this event will take place under the guidance and supervision of responsible volunteers from BLD Washington and if needed, give permission for my youth to be evaluated, diagnosed, treated/medicated in accordance with standard medical practice by licensed medical personnel. I relieve the BLD Washington and the Archdiocese of Washington and their agents of all responsibility and consequences that may arise because of this treatment. I will not hold BLD Washington and/or the Archdiocese of Washington representatives associated with this event responsible in the event of injury. If I cannot be reached in case of an emergency, I give permission for the group leader to act on my behalf. Further, I agree to accept any and all financial responsibility because of scheduling such care.

My youth agrees to abide by all the rules as outlined in the Code of Conduct. BLD Washington and the Archdiocese of Washington will not be liable if my youth fails to cooperate with said rules and any infractions may result in immediate dismissal from this event. I will accept responsibility for costs for immediate transportation home. I understand that I am legally responsible for the behaviour of my youth.

I hereby grant to BLD Washington and the Archdiocese of Washington my consent without reservation to use, assign, convey, reproduce or publish my youth's name(s), voice(s), image(s), and/or likeness(es) that arises from my/his/her/their participation in this event, whether still or motion pictures, audio or video, through social media (i.e. Facebook, Instagram, website) for promotional, instructional, business or any other lawful purposes, at BLD Washington's sole discretion.

Parent's Printed Name:

Parent's Signature and Date: