

Form B Specific Event Youth Consent for Emergency Treatment and Promotional Release

**Catholic Diocese of Fort Worth and/or the Parish of _____ Youth Ministry Program(s)
Consent To Participate/Consent For Emergency Treatment and Promotional Release**

I, _____, parent/guardian/conservator, place _____
Name (Please circle one) Name of minor

into the care of _____ and/or _____
Name of one event supervisor Name of another event supervisor

and give permission for _____ to participate in _____
Name of minor Event

on _____ . During this event (the dates of which are listed on this
Date/s of event

consent form), I give permission for either _____ or _____
Name of one event supervisor Name of another event supervisor

to consent to emergency medical or surgical treatment for _____
Name of minor

I also consent to the use of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction (in perpetuity unless otherwise revoked by me in writing and delivered by certified mail, return receipt requested, to: The Catholic Center, 800 West Loop 820 South, Fort Worth, TX 76108, ATTN: Director of Youth Ministry and Adolescent Catechesis) in which my son/daughter may appear by the Diocese of Fort Worth. I understand that these materials are being used for promotion of the youth ministry of the Diocese of Fort Worth which may include recruitment and fundraising efforts.

Signature of Parent/Guardian/Conservator Date Please Print Name

If parent is not signing this consent form, please state the name of parent, if known _____

Notary is required for all out of state trips.

Signature of Parent/Guardian/Conservator: _____

Witnessed by me, _____ this _____ day of _____
(year)

Notary's Signature: _____ Notary's Seal:
(Required for all out of state activities)

This form "CONSENT TO PARTICIPATE/CONSENT FOR EMERGENCY TREATMENT and PROMOTIONAL RELEASE FORM" must be attached to the Parent/Guardian/Conservator Permission and Liability Waiver form for each event attended (Form A).