

**St. Joan of Arc Neighborhood Youth Outreach
Waiver, Release of Liability, and Consent
for Medical Attention**

In exchange for my child being allowed to participate in N.Y.O. recreational, educational, spiritual activities I (parent/guardian) _____ agree for me and my child (participant) _____ to be bound by each of the following.

Obligation to Inspect Facilities and Equipment. I agree that prior to participating in N.Y.O. activities, I will inspect the facilities and equipment to be used. If I believe anything is unsafe, I will immediately advise the Program Staff and refuse to allow my child to participate.

Identification of Risks. I understand that my child will be participating in activities that may involve risk of serious injury, including permanent disability, death or other losses both to person and property. I understand that these injuries and losses might result from the actions, inactions, negligence, or conduct of others, the rules of the activity or the conditions of the premises or any equipment used.

Assumption of Risk. I assume all risk, known and unknown, in any way connected with my child's participation in the N.Y.O. program. I accept personal responsibility for any liability, injury, loss, or damage in any way connected to my child's participation in N.Y.O. activities.

Waiver and Release. I waive, release, and hold harmless St. Joan of Arc Neighborhood Youth Outreach, St. Joan of Arc Church and School, Catholic Social Services, Archdiocese of Indianapolis and each of their affiliated organizations, divisions, directors, officers, sponsors, employees, volunteers, and assigns form all claims for any liability, injury, loss, or damage in any way connected with my child's participation in the N.Y.O. program. I intend for this waiver and release to also apply to any relatives, personal representatives, heirs, beneficiaries, next of kin, or assigns who might pursue any legal actions or claim for such liability, injury, loss, or damage.

Consent to Medical Treatment. I agree that N.Y.O. may provide to my child through medical personnel of its choice, transportation, and emergency medical services. This consent does not impose a duty upon N.Y.O. to provide for such services or the cost of such services.

As parent or legal guardian of _____ (child), I have read this waiver, release, and consent. I understand that I have given up substantial rights by signing this form. I am signing this waiver, release, consent form voluntarily.

Parent Signature

Date