

**St. Francis Episcopal Church Youth Group 2015 - 2016**

**I hereby give permission for my child to attend and participate in the youth events sponsored by the Episcopal Diocese of Texas and Saint Francis Episcopal Church.**

**I confirm that my child is healthy and capable of participating in these events. I also confirm that my child is covered by medical insurance, or, if medical insurance is not available, I agree that I will be personally responsible for the costs of any medical treatment deemed necessary.**

**I hereby release, relieve, indemnify, and hold harmless the Episcopal Diocese of Texas and its bishops, clergy, event coordinators, youth leaders, employees, representatives, and agents from any and all liability for any injury, illness, or property damage associated with my child's participation in these activities or travel associated with these events.**

**In the event that my child should require medical treatment and I cannot be contacted immediately, or if contacting me is not feasible because of an emergency, I hereby give my consent to such treatment.**

**I understand that photos or videos of my child and others may be taken during these events, and I consent to the use of my child's photo or likeness by the Diocese of Texas in promotional materials.**

**I acknowledge and confirm that the information listed is true and accurate.**

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**Child's Name (Please Print)**

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**Parent / Guardian Name (Please Print)**

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**Parent / Guardian Signature**