

# PERMISSION, LIABILITY, MEDICAL, AND PHOTO RELEASE FOR MINORS



MINOR'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ SEX: [ ] MALE [ ] FEMALE AGE \_\_\_\_\_

SPONSORING ORGANIZATION \_\_\_\_\_ PARISH \_\_\_\_\_

I hereby give my permission for my child listed above to participate in following event: \_\_\_\_\_

to be held at Prairie Star Ranch in Williamsburg, KS on the following date(s) \_\_\_\_/\_\_\_\_/\_\_\_\_.

## Liability Release

**Initial below to indicate that you have read, understood, and agree to the section following your initials.**

\_\_\_\_\_ I understand that this event may include the opportunity for physical activities which may include but are not limited to canoeing, swimming, hiking, horseback riding, rock climbing, challenge course experiences, etc. Many of these activities by their nature are physically and emotionally demanding and may involve risks such as bending, twisting, lifting, running, jumping, climbing, swinging, increased heart or breath rates, heights of 40 feet or more, and physical contact with others.

\_\_\_\_\_ I understand that while Prairie Star Ranch staff will make every reasonable effort to minimize exposure to known risks, not all dangers and hazards can be foreseen. I am aware that certain risks and dangers exist in the activities that are beyond the control of Prairie Star Ranch and their employees.

\_\_\_\_\_ I understand that my child's participation in events and activities at Prairie Star Ranch could expose me to infection, communicable disease, and epidemics, including but not limited to COVID-19.

\_\_\_\_\_ All participants have the right and the responsibility to limit their participation in any activity they believe will compromise their safety. I understand that Prairie Star Ranch staff has the right to deny participation in any activity, and it is the participant's responsibility to follow the safety guidelines and procedures established by the facilitator(s).

\_\_\_\_\_ I understand and assume all dangers and risks (both known and unknown) associated with the above listed minor's participation in the Prairie Star Ranch activities, and hereby agree to release and hold harmless the Archdiocese of Kansas City, Kansas, the parishes of the region and youth ministers, volunteers, and any of their agents from any and all liability for any and all injury, loss or damage of property, and from any legal fees that may result from the above named minor's attendance at this event, unless such claim arises from the negligence of Prairie Star Ranch.

\_\_\_\_\_ I agree to accept financial responsibility for any medical expenses incurred as a result of the above named minor's participation at this event.

\_\_\_\_\_ By signing below I am agreeing that I have carefully read and agree to all of the sections here initialed, and that my signature on this document is also intended to bind my representatives, administrators, successors, heirs, next of kin and assigns on my behalf.

\_\_\_\_\_  
**Parent/Guardian/Legal Representative Printed Name**

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**Parent/Guardian/Legal Representative Signature**

**Date**

**Medical Release**

In addition I hereby authorize the treatment by a qualified and licensed medical doctor for the above named minor in the event of a medical emergency which in the opinion of the attending physician, may result in further injury, undue pain, impairment, disfigurement, or death if treatment is delayed. This authority is granted only after reasonable effort has been made to contact the parent, guardian, or legal representative listed below.

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**Parent/Guardian/Legal Representative Signature**

**Date**

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**Address**

**Phone (Cell & Work)**

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**Minor's Physician**

**Phone**

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**Medical Insurance Carrier**

**Insurance #**

To the best of my knowledge my child is medically able to participate in all Prairie Star Ranch activities except for:

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Please note below any special physical/dietary/medical concerns for the minor above which need to be addressed throughout the event.

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**Photo Release**

I hereby authorize the Archdiocese of Kansas City in Kansas and its agents to utilize my family's photographic and video images for the specific purpose of publication of the Archdiocese of Kansas City in Kansas events (including promotional materials). In giving my consent, I hereby release and hold harmless the Archdiocese of Kansas City in Kansas and its agents from any and all responsibility or liability. I understand that I will receive no compensation, should any photograph of my family be used.

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**Parent/Guardian/Legal Representative Signature**

**Date**

Waiver Revised 8/3/2020