

Form B - Parental Consent and General Liability Waiver



Diocese of Wilmington Parish/Diocesan Institution Trip/Event Consent and Release

My child (please print full name) _____ has my permission to attend the Annual CYM Pilgrimage to be held at St. Elizabeth, St. Anthony, Padua Academy, and St. Paul churches and along adjoining streets on April 12, 2025, from 9:30 am to 5:30 pm (including activities).

I understand that the participants will travel via _____ to/from the event.

I hereby give my permission for my child to attend said event and I understand that my child will be chaperoned by responsible cleared adults. I understand that this parish/school, CYM, the Diocese of Wilmington, and its staff are committed to providing fun, safe, educational experiences and that such events are conducted in smoke-, alcohol-, and drug-free environments. In light of this, and to help ensure the safety of all concerned, I understand that if my child is in possession of drugs, alcohol, or tobacco products, engages in illegal, immoral, or offensive behaviors, or refuses to follow the directions given by staff or volunteers while participating in this activity, I will be contacted immediately to pick up my child. As parent/guardian, I understand that promotional pictures (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, etc.) in highlighting the event.

By my signing this, I release CYM Staff, The Office for Catholic Youth Ministry, additional chaperons, and the Diocese of Wilmington from any and all liabilities and waive all claims against them. I also give my permission for the event coordinator and other qualified cleared adults to obtain proper medical treatment for my child should it become necessary.

Insurance Carrier/Policy Number _____
Insurance company address _____
Insurance company phone number _____
Prescription meds taken regularly _____
Other medication taken regularly _____
Any food, medication, latex allergies? _____
Emergency Contact Name/Number _____

Electronic/mobile communication affords the CYM staff or event coordinators the best means of providing reminders and updates to participants. Please provide an email address and/or cell phone number for such communication purposes. Unless provided on Form A (Annual Consent and Release), providing information here limits its use to this particular activity or event.

E-mail address _____ Cell Number _____

If necessary, the group leader is permitted to administer the following OTC medications to my child:

- Advil Tylenol Motrin Aleve Halls (cough drops)
 Claritin/Zyrtec (or generic) Benadryl Robitussin (cough syrup)
 Other (please specify) _____

Signature of Parent/Guardian: _____

Relationship to Participant: _____ **Date:** _____