

**ARCHDIOCESE OF BALTIMORE**  
**DIVISION OF YOUTH & YOUNG ADULT MINISTRY**

**PERMISSION FORM AND RELEASE**

Youth Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other number where Parent can be reached: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male Female (please circle)

In consideration of the wholesome learning experience in which my son/daughter will participate, I as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to participate in the "Created to Love" program through the youth ministry/campus ministry group of their parish/school on: (event/date/time)

I/we acknowledge receipt of the attached information letter describing the planned activities.

In consideration of the opportunity for my son/daughter to participate in the program, I agree to RELEASE AND HOLD HARMLESS AND INDEMNIFY \_\_\_\_\_, (name of parish or school) the Division of Youth & Young Adult Ministry, the Roman Catholic Bishop of Baltimore and his successors, a Corporation Sole, and all their agents, servants and employees from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my son/daughter's participation in the program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Child's Name

Additional resources may be sent home. Please provide a PARENT email address below:

\_\_\_\_\_