

Consent & Waivers Diocese of Toronto Youth Retreat 2022

Name of Youth: _____

If your son/daughter/ward requires medical treatment, your signature below on this consent form gives the event leaders authority to take initial steps to secure medical advice and services. In that event, you or the person designated on the form will be contacted as soon as possible

Signature: _____

WAIVER:

I give permission to the Diocese of Toronto to make or use pictures, slides, digital images, or other reproductions of me, of my child to use without compensation in productions, publications, on the web, or other printed or electronic materials related to the role and function of the Retreat.

Signature: _____

CONSENT:

I consent to the participation of my child/Youth in the Diocese of Toronto Retreat on September 23-25, 2022. On behalf of my child and myself, I release the Diocese of Toronto and Muskoka Woods, their employees, agents and representatives from any claims that may arise in conjunction with this event, unless caused by gross negligence or bad faith.

Signature: _____

Date: _____

