



**Diocese of El Paso Vocation Ministry  
Parent/Guardian/Conservator Permission/Consent,  
Liability Waiver, and Medical/Emergency Information**



Participant's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: Male  Female

Parents  Guardian  Conservator  Name: \_\_\_\_\_

Complete Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email: \_\_\_\_\_

**Release/Indemnification Information:**

I, \_\_\_\_\_ grant my permission for \_\_\_\_\_ to participate with the events of the Diocese of El Paso (DOEP) Vocation Ministry. This permission and liability waiver will be kept on file and will accompany the child during the event of the DOEP Vocation Ministry.

I understand that as parent/guardian/conservator, I remain legally responsible for the participant's name above. I agree on behalf of myself, my son/daughter/participant name herein, our/his/her heirs, successors, and assigns to hold harmless, the DOEP Vocation Ministry, the Bishop and his successors, employees, agents, volunteers, from any and all claims (unless due in part by gross negligence of the Diocese and/or Vocation Ministry) for illness, injury, death and the cost of medical treatment therewith, arising from or in any way connected with my son/daughter/participant's attending the events.

In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this agreement, it is agreed that the unsuccessful party to such action shall pay to the prevailing party all reasonable court costs, reasonable attorneys' fees and expenses incurred by the prevailing party.

Parent/Guardian/Conservator Signature. \_\_\_\_\_ Date \_\_\_\_\_

**Promotional and Social Media Release**

I also consent to the use of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction (in perpetuity unless otherwise revoked by me in writing and delivered by certified mail, return receipt requested, to Vocation Ministry/Diocese of El Paso, 499 St. Matthews St. El Paso Texas 79907) in which my son/daughter may appear by the DOEP Vocation Ministry. I understand that these materials, including websites and social media sites, are being used for promotion of the Vocation Ministry of the Diocese of El Paso, which may include recruitment and fundraising efforts.

The Vocation Ministry utilizes today's technology in a positive way to reach out to the youth of the diocese, including Facebook, email and other social media; we may remove any content deemed inappropriate; all communities with any youth through social media programs by anyone representing the diocese may be made available to any parent upon request; the diocese cannot guarantee the phone, videos, or other communication of your son/daughter for diocesan events will not be uploaded to a social media site.

Parent/Guardian/Conservator Signature. \_\_\_\_\_ Date \_\_\_\_\_

**Permission for Direct Electronic Communication with Minors**

The Vocation Ministry may use online platforms and apps to connect and communicate with participants and parents. Any and all digital networking and communication including but not limited to email, text, Google Classrooms, Class Dojo, Remind, Zoom meeting, Facebook, WhatsApp, Flocknote and other Social Networking sites, etc. will be ministry related and NOT personal in nature, restricted to matter concerning retreat events, meeting dates, and registration forms. I

understand and consent to electronic communication as described above between the Vocation Ministry employees and volunteers. The person(s) being authorized to communicate with my minor child is in compliance with the Diocese of El Paso Safe Environment Policy.

Parent/Guardian/Conservator Signature. \_\_\_\_\_ Date \_\_\_\_\_

**Is the participant insured?** Yes  No  If yes please provide copy of the Insurance card.

Allergic reactions (medication, food, plants, insects, etc.)
Medication child currently takes
Any physical limitations.
Has child recently been exposed to contagious disease or condition such as mumps, measles, chicken pox, covid 19, etc? If so, date and disease or condition.
If there are any special medical conditions of this child. Please attach a clear description of this form.

The Vocation Ministry **will not administer** any Prescription nor Non-Prescription medication to the participant during the duration of the event. If the participant requires any medication the parents/guardian/conservator will be the only adult who will administer such medication.

Parent/Guardian/Conservator Signature. \_\_\_\_\_ Date \_\_\_\_\_

**Choose the Event:** Altar Server Posada  Mass w/Altar Servers  Adsumus   
Pre-Seminario  Visit St. Charles Seminary  Other

Date of event: \_\_\_\_\_

Destination of event: \_\_\_\_\_

The transportation to/from the event will be organized by parish leader with parents of the group or each parent.

Parish Leader in charge: \_\_\_\_\_  
(Parish leader that will attend the event with the parish group)

Estimated time of the event: \_\_\_\_\_

### Discernment Meetings

Dates of discernment: \_\_\_\_\_

Discernments Meeting will be at: Vocation Office/St. Charles Seminary / 8330 Park Haven, El Paso TX 79907  
The transportation to/from the discernment meetings will by Parent/Guardian/Conservator.

During this event, I give permission for the parish leaders mention above or the leader of the event to consent to emergency medical treatment for \_\_\_\_\_

**To the best of my knowledge, everything herein stated is true and correct and I consent to same.**

Parent/Guardian/Conservator Signature. \_\_\_\_\_ Date \_\_\_\_\_