





that the Archdiocesan Permission Form includes, but is not limited to, emergency medical care, media release, and general waiver, upon which the Archdiocese and Diocese relies in their care of the Participant.

**CONDUCT:** In an effort to maintain a safe environment for the Participant(s) and to promote a life of virtue, the Parent agrees to help, assist, explain, and stress the importance of any rules, guidelines, or behavioral standards of Totus Tuus to the Participant, as age appropriate, including, but not limited to, the prohibition of possessing of weapons of any kind, including pocket knives; the purchase, possession, consumption, or distribution of alcohol, illegal drugs, or tobacco; promiscuous activity or peer harassment; the use of profanity in any form; humiliating, ridiculing, threatening, or degrading anyone in any way; destroying or damaging property; accessing or otherwise viewing pornography or other inappropriate social media content, including on personal devices; or engaging in any other behavior inconsistent with Catholic teaching.

I, the undersigned Parent, acknowledge that I have read and understand this Enrollment Form and the documents referenced herein and give my permission for the Participant(s) listed above to participate in Totus Tuus 2026.

\_\_\_\_\_  
Printed Name of Parent

\_\_\_\_\_  
Signed Name of Parent

\_\_\_\_\_  
Date Signed

**DIOCESAN OFFICE USE ONLY:**

A Permission Form (§ 2) or an Archdiocesan Permission Form (§ 3) is completed and on file within the last 365 days (1 year) in accordance with the location of the parish for every Participant listed on this Enrollment Form.

\_\_\_\_\_  
Signature of Office Personnel

*Document Retention Policy of the Diocese of Tulsa: Diocesan entities are required to store and otherwise retain this document for a period of two (2) years from the year the minor listed herein reaches the age of eighteen (18) years old. A digital copy of this document is sufficient for the purposes of this retention policy. This document, hardcopy or digital, may be provided to the Chancery for storage at the discretion of the diocesan entity.*

*Office of the Chancellor & In-House Counsel • August 8, 2023 • Memorial of St. Dominic*



First and Last Name of Participant: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## LOCAL FIELD TRIPS, OFF-SITE EVENTS & PILGRIMAGES FOR MINORS INFORMATION & PERMISSION FORM

The following Permission Form is information about a local field trip, off-site event, pilgrimage, conference, or other similar event (“Event”) as provided by a Diocesan Entity, a part of the Roman Catholic Diocese of Tulsa & Eastern Oklahoma (“Diocese”) for minors.

### EVENT INFORMATION

*(To be filled out by the pastor, his delegate, or Chancery employee)*

Name of the Diocesan Entity hosting the Event: \_\_\_\_\_

Name of place to be visited: \_\_\_\_\_

Address/Location: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Educational/Formational purpose of the Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time leaving: \_\_\_\_\_ Returning: \_\_\_\_\_

Cost: \$ \_\_\_\_\_ Pack a Meal:  Yes  No (Included in price or not part of the trip)

Transportation provided by: \_\_\_\_\_

Field Trip Coordinator(s): \_\_\_\_\_

Other Important Information: \_\_\_\_\_

### PERMISSION FORM & GENERAL RELEASE

1. **Permission:** I, the undersigned Parent, the custodial parent and/or legal guardian of the minor (“Participant”), have received, read, and understood the information about the Event described herein provided by the Diocesan Entity and agree to all terms and conditions and hereby grant my permission for the Participant to participate and attend the Event.

2. **Emergency Medical Care:** The Parent hereby certifies that, to the best of his or her knowledge, the Participant is physically able to participate in the Event. If the situation arises that the Participant is in need of immediate emergency care, in the sole discretion of the Diocesan Entity, the Parent consents to the Participant receiving emergency medical treatment. The Parent accepts full responsibility for any and all costs associated with the medical care of the Participant. If the Parent is aware of any medical conditions, e.g., food or other allergies, adverse reactions, disabilities, or other condition of the Participant that the Parent believes should be disclosed to the Diocesan Entity in order to care for the Participant while entrusted into parochial care, the Parent may list and explain as follows:

Emergency Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

3. **Medication Consent:** Given the extended nature of the Event, it may be mutually agreeable to the Diocesan Entity and the Parent that the Participant bring and receive prescription medication. The Parent agrees and hereby authorizes the Diocesan Entity to administer prescription medicine to the Participant according to the terms and conditions provided below. Parent and Diocesan Entity agree that any and all prescription medications to be administered by the Diocesan Entity must be must be agreed to and arranged for in advance and must be provided in their original pharmacy container that includes the Participant’s name, the name of the medication, and the instruction for administration. Parent may indicate the name and method of administration of prescription medication for the Participant:



Moreover, given the extended nature of the Event the Parent hereby consents and agrees that the Diocesan Entity may administer, in its sole discretion, non-prescription medications (e.g., Tylenol, ibuprofen, etc.) unless otherwise marked to the contrary:  I, the Parent, do not consent to the Diocesan Entity administering non-prescription medications to the Participant.

4. **Media Release:** The Parent understands that the Event may be photographed, videotaped, or recorded and hereby grants permission to the Diocese to use the image and likeness of the Participant, in the sole discretion of the Diocese, in any and all diocesan media. Parties agree that compensation for the image and likeness of the Participant is limited to the adequate and valuable consideration described herein. Certain events, e.g., the Holy Mass and other large scale events, should be considered public events. Whether the Parent consents to this Media Release does not affect the ability of the Participant to engage in the Event. The Parent consents to this Media Release unless otherwise marked to the contrary:  I do not consent to this Media Release.

5. **Waiver and Release:** Parent hereby releases, forever discharges, and agrees to hold harmless the Diocese, including its successors, assigns, affiliates, directors, officers, employees, and agents, from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from any matter related to the Participant engaging in or otherwise participating in the Event, including any and all matters related to COVID-19, except to the extent arising out of the gross negligence or intentional misconduct of the Diocese. Parent acknowledges and understands that Parent is releasing the Diocese from any and all liability for injury, illness, death, or property damage resulting from any matter related to the Participant engaging in the Event to the fullest extent permitted by Oklahoma law.

6. **Assumption of Risk:** Parent hereby acknowledges the risks, including all risks associated with potentially high-risk activities, e.g., sports, of having the Participant involved in any way in the Event and hereby expressly assumes any and all risk of injury, illness, and harm associated with the Participant engaging in the Event.

7. **Minors:** Parent hereby agrees and understands that all provisions of this Permission Form, including but not limited to, **Section 5** and **Section 6** of this Permission Form, are also made on behalf of the Participant, a minor, entrusted to their care, to the fullest extent permitted by Oklahoma law. Parent agrees to help assist, explain, and stress the importance of any rules, guidelines, or behavioral standards of the Diocesan Entity to the Participant, as age appropriate. In addition to any parochial policy, the Diocese does not permit the Participant to (a) possess, obtain, use, or abuse alcohol, tobacco, or any other illegal substances; or (b) possess, obtain, or use a weapon of any kind, including pocket knives. Parent understands that violation of either parochial or diocesan standards may result in discipline including and up to being prohibited from attending or otherwise engaging in the Event.

8. **General Provisions:** This Permission Form contains the entire agreement and understanding between the Diocese and the Parent and supersedes all prior and contemporaneous agreements and understandings. The provisions of this Permission Form are independent of and severable from each other, and no provision will be affected or rendered invalid or unenforceable by virtue of the fact that for any reason any other or others of them may be invalid or unenforceable in whole or in part. This Permission Form is governed by the laws of the State of Oklahoma. Parent agrees, in the event of a dispute regarding this Permission Form, venue is proper in a Court of competent jurisdiction in Tulsa County, Oklahoma, and Parent waives any objection to such venue. The paragraph or section headings herein are for convenience only and do not define, limit, or construe any contents of such paragraphs or sections. The Diocese is an Oklahoma not for profit corporation sole.

I, the undersigned Parent, certify that I have read this Permission Form in its entirety, that this is a legally binding waiver and release of liability, and that I am at least eighteen (18) years of age. I sign this Permission Form voluntarily and of my own free will on my behalf and on behalf of the Participants under my care. I understand that this Permission Form is **mandatory** for the participation of the Participant under my care in the Event of the Diocesan Entity.

\_\_\_\_\_  
Printed Name of Parent

\_\_\_\_\_  
Signed Name of Parent

\_\_\_\_\_  
Date Signed ("Effective Date")

\_\_\_\_\_  
Telephone Number of Parent

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*Office of the Chancellor & In-House Counsel • August 19, 2020 • Optional Memorial of St. John Eudes, priest*