

MEDICAL/LIABILITY RELEASE

Do we have your permission to transport your child (children) to the nearest medical facility in the case of an emergency and you cannot be reached? **YES** or **NO**

Do we have your permission for medical treatment for your child (children) in the case of a life-threatening emergency and you cannot be reached? **YES** or **NO**

In consideration for our (my) child's participation in this event, we (I) release, discharge and agree to hold harmless St Peter Catholic Church, the Catholic Bishop of Spokane, his agents and employees from any and all liability, claim or demands for personal injury, illness or death, as well as property damage and expenses, or any nature whatsoever which may be incurred by us and/or our (my) child while our (my) child is participating in the event, hereby assuming all risk of personal injury, illness, death, damage and expense as a result of participation in this event.

We (I) have fully read this form and sign voluntarily with knowledge of its terms and conditions. Parent/Guardian Signature:

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Permission For Use of Photo(s) of a Minor For Use By St. Peter Catholic Church, Spokane

I hereby give permission for the use of photographs of my child (children) for publication or use in print and/or electronic promotional materials for St. Peter Catholic Church of the Diocese of Spokane and its programs. In extending permission to St. Peter Catholic Church of the Diocese of Spokane, or persons working with the agency, I limit such permission to photographs that depicts the minor in a favorable pose that does not reflect adversely on him/her. I further extend permission with the understanding that there will be no use of the full name or personal situation or the child nor identification of his/her parents or guardians. This consent will remain valid until revoked by me.

Signature: _____
(parent or guardian)