

# Parish Release Form

Fall Clean Up  
Saturday, November 6, 2021  
8:30 a.m. to 12:30 p.m.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ Gender: \_\_\_\_\_

Parish: \_\_\_\_\_ E-mail \_\_\_\_\_

## Permission

I/we, the parents or guardian of the above mentioned child, for myself/ourselves and for my/our child, give permission for my/our child to participate in the above mentioned event on the above written date.

## Medical Authorization

In the event of any injury or illness to my/our child during his/her participation in this event, I/we hereby give my/our permission for the necessary medical treatment to be given to my/our child.

I/we agree that in the case of injury to my/our child, I/we will apply my/our hospitalization and/or accident insurance toward the payment of the expenses incurred and will not look to St. Catherine Labouré Parish, the Catholic Institute, or the Roman Diocese of Pittsburgh for the payment of any medical costs or injury related costs.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

## Consent to Treat

I/we the undersigned parent(s)/guardian of \_\_\_\_\_, a minor, do hereby authorize treatment of my/our child by a licensed medical physician in case of any accident or illness that may so arise, or any hospitalization necessary.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Parent/Guardian Phone Number in case of emergency: \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

If parent cannot be contacted, alternate: \_\_\_\_\_

Please note any Medication your child is currently taking: \_\_\_\_\_

Please note if there are food allergies or other allergies we should be aware of: \_\_\_\_\_

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### Publicity Release Authorization

Permission is hereby granted to **St. Catherine Labouré Parish** of the Diocese of Pittsburgh to use voice recordings, photographs, video, and quotations of the above mentioned child to assist in its community awareness, educational efforts, and related public relations purposes. In exchange for the opportunity to participate in the community awareness programs; educational efforts, and related publicity endeavors of St. Catherine Labouré Parish, I hereby agree to indemnify and hold harmless (St. Catherine Labouré Parish, the Diocese of Pittsburgh), their agents, servants and employees from any and all claims, demands, and/or causes of action of whatever kind or nature arising from the use of voice recordings, photographs, video, and quotations. I further agree that I waive any right to compensation, fee, or royalty for myself, my successors, heirs, or assigns for the production or use of the aforesaid materials.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_