

Diocese of St. Augustine
Parent/Guardian Permission, Release of Liability, Medical Release, Photography Release

St Elizabeth Ann Seton

VBS 6/14-6/18, 2021

Name of Parish

Name of Event

| | | | | |
|--|---------------------|--------------------|-----------------|------------------|
| Adult SMALL | Adult MEDIUM | Adult LARGE | Adult XL | Adult XXL |
| Teen T-Shirt Size (Please Circle) | | | | |

Child Information:

| | | |
|--|---|--|
| <i>Child First Name</i> | <i>Child Last Name</i> | <i>Child Date of Birth (mm/dd/yy)</i> |
| <i>Current Grade</i> | <i>Current School</i> | <i>Child Cell Phone (grades 9-12 only)</i> |
| <i>Child Email (grades 9-12 only)</i> | <i>Child Physician's Name</i> | <i>Child Physician's Phone Number</i> |
| <i>Family Health Plan Carrier</i> | <i>Family Health Plan Policy Number</i> | <i>Any Physical Disabilities?</i> |
| <i>Allergies (please list in detail)</i> | | |
| <i>Medical Condition(s)</i> | <i>Symptoms</i> | <i>Medication & Dosages</i> |
| <i>Prescribing Doctor</i> | <i>I make the following exception(s) – list any exceptions to participating, e.g. no swimming, etc.</i> | |

Parent/Guardian Information:

| | | |
|---|---|---------------------------------------|
| <i>Parent/Guardian #1 First Name</i> | <i>Parent/Guardian #1 Last Name</i> | <i>Parent/Guardian #1 Home Phone</i> |
| <i>Parent/Guardian #1 Cell Phone</i> | <i>Parent/Guardian #1 Work/Office Phone</i> | <i>Parent/Guardian #1 Email</i> |
| <i>Parent/Guardian #1 Street Address</i> | <i>Parent/Guardian #1 City/State/Zip Code</i> | |
| <i>Parent/Guardian #2 First Name</i> | <i>Parent/Guardian #2 Last Name</i> | <i>Parent/Guardian #2 Home Phone</i> |
| <i>Parent/Guardian #2 Cell Phone</i> | <i>Parent #2 Work/Office Phone</i> | <i>Parent/Guardian #2 Email</i> |
| <i>Parent/Guardian #2 Street Address</i> | <i>Parent/Guardian #2 City/State/Zip Code</i> | |
| <i>Emergency Contact Name (if parent cannot be reached)</i> | <i>Relationship of Emergency Contact</i> | <i>Emergency Contact Phone Number</i> |

Parent Permission and Release of Liability:

The above child is eligible to participate in above parish-sponsored event. This activity will take place under the guidance and supervision of employees/volunteers from the above parish.

If you would like your child to participate in this event, please read, complete, sign and return this form which includes your consent, as well as a full release of liability. As parent or legal guardian, you remain fully responsible for any acts of the named child during this activity.

The undersigned parent, guardian or legal representative hereby consents to the participation of the above-noted child in the event described and further consents to the conditions stated above on participating in this event, including the method of transportation. It is understood that this event will take place away from the parish grounds and that the child will be under the supervision of a designated parish employee(s)/volunteers on the stated dates.

For and in consideration of the child being allowed to participate in this event, and other valuable consideration, the undersigned parent, guardian or legal representative, on behalf of the child and the child’s parents, personal representatives, assigns, heirs, and next of kin, does hereby release and hold harmless the Diocese of St. Augustine, Bishop Felipe J. Estévez, S.T.D, as Bishop of the Diocese of St. Augustine, a corporation sole, Bishop Felipe J. Estévez, S.T.D., individually, the above- noted parish, and employees and agents of said parties engaged in this particular event, their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property, of the child, or death, caused by negligence or otherwise, while the child is engaged in the above-stated event or in transportation to and from said event. The undersigned expressly agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned parent, guardian, legal representative further acknowledges that he/she is authorized to enter this Agreement on behalf of the child, and the child’s parents, personal representatives, assigns, heirs, and next of kin.

Medical Release:

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only in accordance with your wishes.)

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to Diocese of St. Augustine’s employees, volunteers, or representatives to seek medical treatment for my child above named. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Diocesan representatives or volunteers to hospitalize, secure proper treatment for, and to order injection and / or anesthesia and / or surgery for my child above named.

OTHER MEDICAL TREATMENT: In the event it comes to the attention of the Diocese of St. Augustine’s employees, volunteers or representatives that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, or diarrhea, I hereby give permission for over-the-counter medication to be administered to my child according to directions.

Child Photography Release Form:

Without compensation, I hereby grant permission to the Catholic Diocese of St. Augustine to use and reproduce photographs and/or video taken of my child. These photographs may be used for news and editorial purposes in publications and other electronic reproductions (websites and video, including livestream) and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists and the publications or media outlets they represent, as well as, the parish/church and/or school involved, the Bishop of the Diocese of St. Augustine, a corporation sole, the Catholic Diocese of St. Augustine and all of their employees and agents, from all claims and liability relating to said photographs.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Name of Student