

**PARENT/GUARDIAN RELEASE FOR STUDENT OR MINOR  
(NONCOMMERCIAL)**

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**This section to be completed by the Archdiocesan entity (school/parish/ACC) sponsoring the activity ("Location"):**

St. Bartholomew Catholic Church

**Name of Location:** \_\_\_\_\_

The Location intends to use your and/or child's image, name, voice and/or work for noncommercial purposes relating to the event(s) or activity(ies) identified below.

**Description of events/activities to which this Release applies:**

\_\_\_\_\_ Faith Formation Activities/Events and any virtual gatherings that may take place

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**Duration of Release:** September 2021 to June 2022

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**This section to be completed by Parent/Guardian:**

I, \_\_\_\_\_ am the parent/guardian of

\_\_\_\_\_, a minor.

I hereby authorize the Location to use the following personal information about my child:  
(Please initial the applicable boxes)

**Image:** yes no **Voice:** yes no **Name:** yes no **Work:** yes no

I understand and agree that my child's image, voice, name and/or work ("Personal Information") relating to the events or activities described above will be used for noncommercial purposes, including, but not limited to, publicity, exhibits, electronic media broadcasts or research. I understand and agree that my child's Personal Information may be copied, edited and distributed by the Location in publications, catalogues, brochures, books, yearbooks, magazines, exhibits, films, videotapes, CDs, DVDs, email messages, websites, or any other form now known or later developed ("Materials").

The Location may use the Personal Information at its sole discretion, with or without my child's name or with a fictitious name, and with accurate or fictitious biographical material. The Location will not use the Personal Information for improper purposes or in a manner inconsistent with the teachings of the Roman Catholic Church.

I waive any right to inspect or approve any Materials that may be created using the Personal Information now and in the future. In exchange for the opportunity given to my child by the Location to participate in the activity, I agree that neither I, nor my child, will receive monetary compensation, royalties or credit. I understand and agree that the Location shall be the owner of all right, title and interest, including copyright, in the photographs, electronic recordings and Materials. If the Location intends to use the Materials for a commercial purpose, I will be provided at that time with information about the terms of the commercial use.



I hereby waive, release and forever discharge any and all claims, demands, or causes of action against the Location and its affiliated entities, employees, agents, contractors and any other person, organization, or entity assisting them with the photography, electronic recording or Materials, for damages or injuries in any way related to, or arising from the photography, electronic recording or Materials, or the use of the Personal Information, and I expressly assume the risk of any resulting injury or damage.

I further understand and agree that this Authorization remains in effect until it is withdrawn in writing. I understand that if I change my mind about this Authorization, that I will submit another, new authorization form to the Location. However, my new authorization will not have the effect of revoking this Authorization, and the Location will have no duty or obligation to make any changes or alterations to any Materials that may have been prepared based on this Authorization.

I represent that I have read this Authorization, understand the contents and am able to grant the rights and waivers it contains. I understand that the terms of this Authorization are contractual and not mere recitals. I am signing this document freely and voluntarily.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Cellphone/Email: \_\_\_\_\_

Please list all children in the family.

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Parents Names \_\_\_\_\_

I hereby authorize the Location to use the following personal information about us.  
(Please initial the applicable boxes)

Image: yes no Voice: yes no Name: yes no Work: yes no





**Faith Formation Office**  
**St. Bartholomew Catholic Church**  
 252 Granada Ave, Long Beach, CA 90803

**SAFE ENVIRONMENT TRAINING PROGRAM**  
 Archdiocese of Los Angeles

We at St. Bartholomew Catholic Church are committed to your child’s safety and well-being. Almost daily, we hear of incidents of child sexual abuse happening. That is why learning how to prevent child sexual abuse is important, not only for us as adults, but also for our children and young people.

The topic for the 2021 – 2022 catechetical year will focus on "Boundaries & Bullying.” Children and youth need to learn to help keep themselves safe. Classes are taught at age appropriate level. The lessons include the VIRTUS® Introductory Video "Empowering God's Children," a variety of classroom activities, a Parent/Child Take-Home activity, and a "Catechetical Connection" to the Catechism of the Catholic Church to magnify God's desire for the happiness, health and safety of all children and young people.

The Teaching Touching Safety program is provided for free by the Archdiocese of Los Angeles, and is part of our ongoing effort to help create and maintain a safe environment for children and youth and to protect all children from sexual abuse. For more information contact: [jvienna@la-archdiocese.org](mailto:jvienna@la-archdiocese.org).

If you have any questions about the program, or would like to review any of the materials please feel free to contact Kellie De Leo in the Faith Formation Office.

*Please complete, sign and return this form with your registration form:*

Date: \_\_\_\_\_

Dear: Father Mark Strader/Kellie De Leo  
*Name of Pastor and Director of Faith Formation*

Student(s) Full Name: \_\_\_\_\_ Grade/FF Session: \_\_\_\_\_

Student(s) Full Name: \_\_\_\_\_ Grade/FF Session: \_\_\_\_\_

Student(s) Full Name: \_\_\_\_\_ Grade/FF Session: \_\_\_\_\_

Student(s) Full Name: \_\_\_\_\_ Grade/FF Session: \_\_\_\_\_

Student(s) Full Name: \_\_\_\_\_ Grade/FF Session: \_\_\_\_\_

Faith Formation Program: St. Bartholomew Catholic Church City: Long Beach, CA 90803

**Please initial the following statements that apply:**

\_\_\_\_\_ The Safe Environment Program will be offered to my child as part of his class before the end of January.

\_\_\_\_\_ It is my choice that my child **not** participate in the program.

Name of Parent or Guardian: \_\_\_\_\_  
 (Please print clearly)

Signature: \_\_\_\_\_