



**Shrine of St. Padre Pio of Pietrelcina Catholic Church
Parent/Guardian Permission and Liability Waiver Form**

I _____ (Print Parent or Guardian Name) grant permission for my child/children to participate in the Catholic Education program (CEP) at the Shrine of St. Padre Pio of Pietrelcina Catholic Church. The CEP program will take place under the guidance and direction of parish employees and/or volunteers from the Shrine of St. Padre Pio of Pietrelcina Catholic Church. I also consent to the use of any videotapes, photographs, slide, audiotapes, or any other visual or audio reproduction with which my child/children may appear. I understand that these materials are being used for the promotion of the Shrine of St. Padre Pio of Pietrelcina Catholic Church. Such promotional activities extend to the recruitment, fund-raising, advocacy etc.

_____ parent/guardian initial

As a parent/legal, I remain legally responsible for any personal actions taken by my child/children. I agree on behalf of myself, my child/children, our heirs, successors and assigns to hold harmless and defend the Shrine of St. Padre Pio of Pietrelcina Catholic Church, its officers, directors, agents, and the Archdiocese of San Antonio from any liability for illness, injury, or death arising for or in connection with my child's/children's' attending the CEP program. I release the staff, volunteers, etc. from any liability connected with the use of picture or voice recordings as a part of any of the CEP activities, and I agree to compensate the parish, its officers, directors and agents, and the archdiocese of San Antonio, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith

_____ parent/guardian initial

Medical Consent and Permission to Treat

In the event of an emergency, I give permission to transport my child/children to a hospital for emergency treatment. I am giving medical permission and consent to treat. To the best of my knowledge, my child/children is/are in good health, and I assume all responsibility for the health of my child/children. I can testify that my child/children has all immunizations up to date.

_____ parent/guardian initial

Parent/Guardian Signature

Date

**Copy of front and back of medical insurance card must be submitted in person or email to
paty.mendoza@shrineofpadrepio.com*