

PARENT-GUARDIAN CONSENT/RELEASE FORM

We, the parents/guardians of _____
do hereby give our permission for him/her to attend **2020-2021 Faith Formation
Program at St. Regis Parish.**

We do hereby release and forever discharge the Diocese of Greensburg, St. Regis Parish, and designated chaperones from any/all actions or suits in law or equity, which we might hereafter have by reasons of injuries sustained by our son/daughter participating in the above-mentioned activity. In case of emergency, we give permission for our child to be treated at a hospital and/or by a medical doctor.

In case of emergency, contact us at this phone number: _____

If we are unavailable, contact:

Name: _____ Phone number: _____

Our Insurance Company is: _____

Policy Number: _____

Date _____ Parent/Guardian Signature _____

Photographic Release:

I hereby grant to the Diocese of Greensburg, Pennsylvania, and St. Regis Parish, and its respective licensees, successors and assigns, the right and permission, with respect to those photographs taken of me or the minor named below on whose behalf I am signing, and with respect to any printed or electronic matter in connection therewith, to do the following:

1. To include such photographs on the Diocese of Greensburg and/or St. Regis Parish websites, social media pages and the Catholic Accent
2. To use my name, or the name of the minor on whose behalf I am signing, in connection with the foregoing.

I hereby release, discharge and agree to indemnify and hold harmless the Diocese of Greensburg, St. Regis Parish and its legal representatives, licensees, successor and assigns, from all claims and demands whatsoever arising out of or in connection with the foregoing, and waive any right to inspect or approve the same.

Date _____ Parent/Guardian Signature _____