

WAIVER, RELEASE, AND MEDICAL INFORMATION
September 2021 – May 2022 Religious Education Program

I/We, the parent(s) of the above- named youth(s), hereby give my/our approval for his/her participation in the above event. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the event. I/We do further hereby waive, release, absolve, indemnify, and hold harmless the Bishop of the Catholic Diocese of Evansville, St. Joseph Parish and Pastor and any of their respective affiliates, successors, agents, employees, members, and representatives, adult sponsors, and other volunteers involved in the activities and transportation associated with the event from any and all claims, including claims of personal injury to my/our youth or property damage, under any theory of law (including negligence, but not reckless or intentional conduct) in any way resulting from or arising in connection with the activities and/or transportation to and from the event.

Father's Signature X _____ Date _____

Mother's Signature X _____ Date _____

STUDENT MEDICAL INFORMATION:

Student medical problems, concerns, etc. _____

Allergies: _____

MEDICAL CONSENT

The undersigned custodial parent or legal guardian of (student/s) _____

does hereby grant and authorize St. Joseph Catholic Church and any employee thereof to obtain, at the expense of the undersigned, any medical services, including but not limited to x-ray examination, anesthetic, surgical treatment or any hospital service, for the above named student in the event said student suffers any illness or accident at a time when the undersigned cannot be contacted. It is my request that if reasonably possible, such treatment shall be rendered by our family doctor.

Dr. _____ Phone _____

or by any physician on call at the hospital emergency room or otherwise available to provide care.

This medical consent is given in advance of treatment to encourage and authorize the employee and the named physician to exercise their judgment in the best interest of my child.

Date _____ X Custodial Parent _____

Date _____ X Legal Guardian _____

WAIVER FOR PERMISSION TO PHOTOGRAPH

I, the undersigned, do hereby consent and agree that the Catholic Diocese of Evansville, its employees, or agents have the right to take photographs, videotape, or digital recordings of my child and to use these in any and all media, now or hereafter known, and exclusively for the purpose of event/program promotion and/or ministry development. I do hereby release to the Catholic Diocese of Evansville its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my child's image or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording my child, either for initial or subsequent transmission or playback. I also understand that the Catholic Diocese of Evansville is not responsible for any expense or liability incurred as a result of my child's participation in this recording, including medical expenses due to any sickness or injury incurred as a result. I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

X GUARDIAN _____ DATE _____