Saints Peter & Paul Faith Formation 2021-2022

RELEASE FORMS

IMPORTANT!
To successfully fill and submit these forms you will need:

Adobe Acrobat Reader DC

If you don't already have it, download it free here:

https://get.adobe.com/reader/otherversions/

ONCE YOU HAVE ACROBAT READER INSTALLED FOLLOW THESE STEPS:

1) Make sure this form is downloaded to your computer

2) Open Adobe Acrobat Reader DC

3) Choose "Open" and click on your downloaded ReleaseForms PDF

4) Complete the 3 fillable forms

5) Click on "Submit" when finished:

You may be asked to choose your email configuration.
If you currently use "Outlook", choose that.
Otherwise, choose the "Web Mail" option and enter your email (gmail, aol, etc).
A pre-filled email window will pop up — you don't need to type or attach anything.
Just hit "Send". Close your email program.

Scroll to begin filling the form

AUTHORIZATION FOR RELEASE AND USE OF IMAGE IN PHOTO, VIDEO FILES OR OTHER MEDIA

Name of Participant: _____ DOB: _____

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School/Parish/Diocesan Entity: Ss. Peter and Paul the Apostles Church

I, the undersigned adult participant or parent/legal guardian of the above named minor participant hereby grant to the above named School/Parish/Diocesan Entity the following irrevocable rights:

1. To use the name, photograph, picture, portrait, voice, appearance, likeness, performance (hereinafter collectively known as "image") of the above named participant in connection with its educational, promotional, fund-raising activities, or for any other legitimate purpose;

2. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of the above named participant individually or in conjunction with other images or printed matter in the production of brochures, slides, motion pictures, broadcasts (radio and television), audio or video files, recordings, still photography, CD-Rom and any other manner of media now known or later developed;

3. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of the above named participant individually or in conjunction with other images or printed matter on the School/Parish/Diocesan's entity Internet web site. No personal information such as home address or phone numbers will be published;

4. The right to record, reproduce, amplify, edit, and simulate the above named participant's image and all sound effects produced; and

5. The right to copyright, in its own name, works that contain the image of above named participant; and

6. The right to assign the above-mentioned rights to third parties.

I understand that the video files, still photos, or other media incorporating the image the above named participant will become the property of the School/Parish/Diocesan Entity. I hereby waive the right to inspect or approve the image or any finished materials that incorporate said image.

I understand and agree that no compensation will be provided, now or in the future, in connection with the use of the above named participant's image, and nothing herein will create any obligation on the part of School/Parish/Diocesan Entity to make use of the rights or materials set forth herein.

I hereby release and forever discharge Frank J. Dewane, as Bishop of the Diocese of Venice, his successors in office, a corporation sole, Ss. Peter and Paul the Apostles Catholic School/Parish/Diocesan Entity, their agents, employees and assigns from any and all claims demand, rights, and causes of action of whatever kind that may arise from the use of above named participant's image, including all claims for libel and invasion of privacy.

I hereby certify that I am the above named participant or the parent/legal guardian of the above referenced minor, and I give my consent, without reservation, to the above agreement on behalf of myself or said minor. This agreement shall be valid for a period of four years from the date hereof, unless revoked in writing.

_____ _____

Adult Participant or Parent/Guardian Signature Date

_____ _____

Address Phone Number

DIOCESE OF VENICE IN FLORIDA

1000 Pinebrook Rd., Venice, FL 34285
(941) 484-9543

PARENT/GUARDIAN CONSENT TO RELEASE MINOR TO THIRD PARTY AND RELEASE OF LIABILITY/AGREEMENT TO INDEMNIFY

Diocesan Entity: **Ss. Peter and Paul the Apostles**

I, the undersigned parent/guardian of the minor, _____, hereby give permission for my minor to be released to the following adult: _____ _____ (upon the provision of picture identification) on the following date **All Faith Formation Classes** at such time or under such circumstances as are identified herein: _____
_____
_____

I understand that the parish/school may or may not know this third party and makes no representation regarding the individual's character, criminal history, driving record, insurance, or fitness to supervise children. Upon the release of my minor to the above identified third party, the parish/school has no further responsibility for my minor's care or well being whatsoever.

I hereby release school/parish/program, the Bishop, individually and as a corporation sole, and all agents, employees and volunteers of said parish/school/program (hereinafter collectively known as "church") from any and all liability, including that arising from the negligence of the Church that may arise from acting in accord with the terms of this Consent. I hereby agree to hold harmless and indemnify Church from any claim that may be made against it arising from this Consent.

_____ _____
Parent/Guardian of Minor Third Party Adult

_____ _____
Date Signed Date Signed

MEDICAL AUTHORIZATION FOR MINOR

NAME OF MINOR: _____ D.O.B._____

NAME OF MINOR: _____ D.O.B._____

NAME OF MINOR: _____ D.O.B._____

NAME OF MINOR: _____ D.O.B._____

PARISH/SCHOOL: **Ss. Peter and Paul the Apostles** _____

HOME ADDRESS: _____

PARENTS/GUARDIANS: _____/_____

PHONE #s: CELL: _____ HOME: _____

EMERGENCY CONTACT: _____

PHONE: _____

MEDICAL INFORMATION: Please list all pertinent medical information (for example, allergies, medications, physical impairments, or any other information necessary in an emergency situation). Explain fully:

Child #1 _____

Child #2 _____

Child #3 _____

Child #4 _____

In case of illness or injury of the above student, reasonable effort will be made to contact the parent(s)/legal guardian(s)/emergency contact. In case of a medical emergency, 911 will be called. In the event that the parents/ legal guardian(s)/emergency contact cannot be notified or are not available, I (we) authorize parish, school, or other pertinent diocesan officials to consent to any x-ray examination, anesthetic, medical or surgical treatment, and/or hospital care, as determined to be necessary and appropriate by a licensed physician in the State of Florida. This authorization is valid for a period of 1 year from the date of execution.

_____

Signature of Parent or Legal Guardian

Date:

Click SUBMIT to return these signed forms to Ss. Peter & Paul.

A pre-filled email will pop up on your computer. Just hit "Send" — there is no need to type anything.

SUBMIT