

Church of St. Pius V, Cannon Falls

FIELD TRIP PARENTAL CONSENT FORM & INDEMNITY AGREEMENT

Student/Participant Name _____

Date of Birth _____ Sex _____

Parent/Guardian Name _____

Home Address _____

Home Phone _____ Work or Cell Phone _____

Type of Event: Confirmation Pilgrimage/tour to the Cathedral of St. Paul and eat at restaurant

Date/Time of Event: Wed Nov. 14, 2018 1:30pm bus leaves and Return by 8:30pm

Destination: Cathedral of St. Paul and a nearby restaurant (St. Paul, MN)

Individual(s)/Teacher(s) in Charge: Cindy Meyers and Catechists

Mode of Transportation To & From Event: Bus

Other Information: none

I, _____, grant permission for _____
Parent or Guardian Name Child Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the Church of St. Pius V and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against the Church of St. Pius V/Archdiocese of St. Paul & Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and the Archdiocese in defense of such a claim/suit.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact

Name Phone Number

OPTIONAL MEDICAL INFORMATION:

Medication my child is taking at present _____

Allergies _____

Other Medical Conditions _____

Family Health Plan carrier number _____

Family Doctor _____ Phone Number _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Signature

Date

(Please read and fill out back side of this form)

Church of St. Pius V, Cannon Falls

St. Pius V, Cannon Falls, DISCLOSURE, AUTHORIZATION, CONSENT AND RELEASE FOR SOCIAL MEDIA OR OTHER ELECTRONIC COMMUNICATION INVOLVING MINORS

I am the parent or legal guardian of _____(full name of minor) (“My Child”).

I have been made aware of the St. Pius V, Cannon Falls, acceptable Use Policy for Electronic Communications and the Social Media Policy of St. Pius V.

I authorize staff or other leaders of St. Pius V, Cannon Falls to communicate with My Child electronically, including via social media, text, email and phone in accordance with the Acceptable Use Policy for Electronic Communications. Church Personnel are not required to share non-private communications, such as those sent to youth groups regarding meeting locations or times, or other administrative matters. If any staff or other leaders knowingly communicate privately with a minor as a part of his or her duties for or on behalf of (insert name of parish/school St. Pius V, Cannon Falls, reasonable steps must be taken to send to me the same communication content, not necessarily via the same technology.

I acknowledge that to review or receive public communications shared via social media with My Child, I will need to become a fan or follower of the same social media. I understand that communications may be accessible or viewable by others who are also fans or followers of the same social media.

AUTHORIZATION, CONSENT AND RELEASE FOR USE OF VISUAL LIKENESSES AND ORIGINAL WORKS OF MINORS

I authorize and consent that St. Pius V, Cannon Falls and the Archdiocese of Saint Paul and Minneapolis be permitted to use and publish for general communications, advertising, commercial or publicity purposes, or for any other lawful purpose whatsoever the likeness of My Child and My Child’s original work, including video, photographic portraits, pictures, or reproductions, made through any medium, including social or other electronic media, in accordance with the Acceptable Use Policy for Electronic Communications and the Social Media Policy, **provided only the first name (not the family name) is identified if any name is used.** I hereby release St. Pius V, Cannon Falls, the Archdiocese of Saint Paul and Minneapolis, and anyone authorized by St. Pius V, Cannon Falls or Archdiocese of Saint Paul and Minneapolis with such use.

This consent regarding My Child’s likeness or original work is valid for one year.

If I choose to rescind my authorization and consent, I agree that I will inform St. Pius V, Cannon Falls in writing and that my rescission will not take effect until it is received by St. Pius V, Cannon Falls. I understand however that it may not be possible to recall any work or photos that have been published prior to receipt of my written rescission.

I have read the above Disclosures, Authorizations, and Releases, have had the opportunity to consider their terms, and understand them. I execute this document voluntarily and with knowledge of its significance.

Signed _____ Date _____

Church of St. Pius V, Cannon Falls

CODE OF CONDUCT

The following are a few rules that all participants are expected to follow while participating and representing “The Church of St. Pius V, Cannon Falls, MN”. In this event sponsored by: St. Pius V

I, _____ WILL:

- Treat all other persons with respect and not cause any intentional harm (physically, emotionally, or spiritually) to any person in any way.
- Respect the property of others, including all program facilities and property.
- Follow all appropriate instructions of all personnel aiding in this event, including, but not limited to chaperones, support staff, transportation personnel and administration.
- Be on time for all check-ins and departure time.
- Not have in my possession any tobacco, alcohol or any controlled illegal substance.

I agree that if any of these terms are violated, the Parish/School can send the participant home at the participant/guardian’s expense.

Youth Participant Signature

Date

Parent/Guardian Signature

Date

Please return to: Cindy Meyers
No later than: Sunday, October 28, 2018