



Parental/Guardian Consent Form & Liability Waiver

(This form is required for minors to attend an off property event or trip).

Applicant Information			
Participant's Name & E-mail Address:			Date of Birth:
Address:		City	State: Zip:
Home Phone:		Parent/Guardian's Name & E-mail Address:	
Cell Phone:	Work Phone:	Other number where Parent/Guardian can be reached <u>during</u> event:	
Consent & Liability Waiver			
Important! To be filled out by the Parent/Guardian for youth under 18 years of age and individuals age 18 or older <u>and</u> in high school.			
In consideration of the program in which my son/daughter will participate, I, as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany (entity name) _____ to:			
Event & Location:		Date & Time:	
<input checked="" type="checkbox"/> Resurrection Catholic Church <input type="checkbox"/> Transportation Not Provided <input type="checkbox"/> Transportation Provided		Method of Transportation: Parents	
I acknowledge that (entity name) _____ is providing transportation to and from (location) _____ to the event. I acknowledge and assume the risk of this transportation for my child. My child must comply with (entity name) <u>Resurrection Catholic</u> rules and procedures. By granting this permission, I also waive any claims against, and RELEASE AND HOLD HARMLESS AND INDEMNIFY, (entity name) <u>Resurrection Catholic Church</u> , the Diocese of Orlando, any of their religious, employees, volunteers, agents and representatives from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my child's participation in the program.			

Parent/Guardian Signature
(must sign for any participant under 18 &/or 18 or older & in high school)

Date

Participant: In signing the line below, I certify all the information on the trip form is complete and accurate, I also agree to abide by any/all policies established for this event/activity. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand there will be consequences for my actions, including being removed from the activity and being sent home at my parents/guardian's expense.

Participant's Signature

Date

Insurance Information			
<input type="checkbox"/> No, I do not carry medical insurance at this time. <input type="checkbox"/> I do carry medical insurance at this time.			
Insurance Carrier:			
Name of Insured:		Insurance Policy Number:	
Father's Name:	Day Phone	Mother's Name:	Day Phone:

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.



Parental/Guardian Medical Information & Consent Form

Applicant Information					
Participant's Name:				Date of Birth:	
Address:		City:	State:	Zip:	Phone:
Father's Name:		Phone:			
Mother's Name:		Phone:			
Emergency Contact:		Languages Spoken by Emergency Contact:			
Medical Matters					
<p>I hereby warrant to the best of my knowledge, all the information provided is true and correct and I assume all responsibility for the health of my child. I understand it is my responsibility to update the Medical Information & Consent Form if there are any changes to my child's health. <i>(Please initial)</i> _____</p> <p>Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital/clinic for emergency medical or surgical treatment. <i>(Please initial)</i> _____</p>					
Family Doctor:			Phone:		
<p>Medications: I hereby Grant Permission for my child to be given the following provided medications. All medications must be well labeled. [NOTE: Any/all prescription medications must be in original pharmacy container with young person's name on the prescription label. Non-prescription/over-the-counter medications must be in original container with young person's name on the container.] I release and hold harmless (entity name) _____, the Diocese of Orlando and any other religious, employees, volunteers, agents and representatives from any injury or harm resulting from administering the medication. <i>(Please initial)</i> _____</p> <p>Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency, are as follows:</p>					
Medication:	Dosage:	Administer:			
Medication:	Dosage:	Administer:			
Medication:	Dosage:	Administer:			
<p>Medical Conditions Information: (Reasonable steps will be taken to keep this information confidential, but it will be shared with Diocesan personnel and others, as warranted.) My son/daughter:</p> <ul style="list-style-type: none"> Is allergic to the following medications _____ Has had an episode of the following or has been diagnosed with: <input type="checkbox"/> Seizures <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetic Has had allergic reactions to the following (foods, dyes, latex, etc.) _____ Has had a medical surgery within the last six months? <input type="checkbox"/> Yes <input type="checkbox"/> No Still under doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No Has a medically prescribed diet <i>(please explain)</i> _____ Has the following physical limitations _____ Immunizations current and up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last tetanus/diphtheria immunization _____ You should also be aware of these special medical conditions of my child: _____ 					
Insurance Information					
<input type="checkbox"/> No, I do not carry medical insurance at this time. <input type="checkbox"/> I do carry medical insurance at this time.			Insurance Carrier:		
Name of Insured:			Insurance Policy Number:		

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.

Parent/Guardian Signature <i>(must sign for any participant under 18 or 18 or older & in high school)</i>	Date
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Safe Environment Program

Parental Opt-Out Form

The Diocese of Orlando has implemented a child abuse awareness, prevention, and safety program in all parishes and Catholic schools as mandated by the United States Conference of Catholic Bishops (USCCB) in compliance with the Charter for the Protection of Children and Young People. Students enrolled in a Catholic School or parish-based catechesis are encouraged to participate in this programming. Our diocese is required, through an audit process, to verify to the USCCB that this training has been provided. We are also required to keep track of the number of students who are absent or whose parents do not allow them to participate in the training.

For the Parent/Guardian

By signing this form I (We) acknowledge the above and elect **NOT** to have my (Our) child participate in the aforementioned program. Please complete this form and return it to your child's instructor/catechist or the appropriate administrator. A separate form is required for each child. Thank you for your assistance.

Name of Child _____

Name of School or Parish _____ Resurrection _____

City of School or Parish _____ Lakeland _____

Child's Grade Level _____

Name of Parent (s) or Guardian (s)	Relationship
_____	_____
_____	_____

Reason for Opting-Out (Optional) _____

Signature of Parent/Guardian	
Date	

OFFICE USE:

Name of Coordinator/Administrator	
Date	



Image Release Form

(Photography and Image Assignment Waiver, and Release)

I _____, for valuable consideration received, and for being allowed access to Diocesan property, activities, or events, expressly assign to _____ Resurrection Catholic Church _____ and the Diocese of Orlando, and to all of their current, former, and future agents and related entities (collectively, "the Diocese"), all rights, title and interest in, and to, the use of my and my child/ward's image or likeness, including, but not limited to all videotape recordings, photographs, or audio recordings of, or made by, me and/or my child/ward on Diocesan property, during a Diocesan-sponsored event, or for any other Diocesan purpose ("the Property"). The Diocese shall have, without my consent, the right to assign its rights in the Property, in whole or in part, to any entity, parish, or school within the Diocese of Orlando.

I hereby irrevocably grant the Diocese perpetually and exclusively, the right to use and incorporate (alone or together with other materials), in whole or in part, the Property, in any Diocesan publication, news release, or for any other purpose. Further, I hereby authorize the reproduction, sale, lease, copyright, exhibition, broadcast and/or distribution of the Property without limitation for any purpose whatsoever, and I further waive all rights to any compensation for my and/or my child/ward's appearance or participation in the Property. I understand and have been advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Diocese. Participants' names would not be identified, however, without specific written consent. I further understand that the Diocese has no control over the use of photographs or film taken by media that may be covering the event in which my child(ren)/ward(s) participate(s).

I hereby waive any claims against and release the Diocese, its current, former, and future religious, employees, volunteers, agents, and successors and assigns from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I and/or my child/ward may have against the Diocese in connection with the Property or the use of the Property.

This release shall not obligate the Diocese to use the Property or to use any of the rights granted hereunder, or to exhibit, distribute, or exploit the Property. I acknowledge that the Diocese cannot control all photographic access to its properties, and that my child/ward's name may be printed with photos/images in various publications, including non-Diocesan publications.

I represent that I am eighteen years of age or older, and that I have read and understand the terms of this Assignment, Waiver, and Release.

Signature

Date

Witness

If applicable, name(s) of minor children/wards:

