Diocese of St. Augustine
Parent Permission and Release of Liability

Name of Child: _____

Name of Parent or Legal Guardian: _____

Name of Parish: St. Anastasia Catholic Church

Name of Program: Sacramental Preparation for First Reconciliation & First Holy Communion

Dates: October 6, November 3, December 8, 2019 - February 23, March 29, April 26, May 2 & May 3, 2020

The above child is eligible to participate in above parish-sponsored program. This program will take place under the guidance and supervision of employees/volunteers from the above parish.

If you would like your child to participate in this event, please read, complete, sign and return this form which includes your consent, as well as a full release of liability. As parent or legal guardian, you remain fully responsible for any acts of the named child during this activity.

Please list any known allergies: _____

_____

Physician's Name: _____ Telephone Number: _____

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The undersigned parent, guardian or legal representative hereby consents to the participation of the above-noted child in the event described and further consents to the conditions stated above on participating in this event.

For and in consideration of the child being allowed to participate in this event, and other valuable consideration, the undersigned parent, guardian or legal representative, on behalf of the child and the child's parents, personal representatives, assigns, heirs, and next of kin, does hereby release and hold harmless the Diocese of St. Augustine, Bishop Felipe J. Estévez, S.T.D, as Bishop of the Diocese of St. Augustine, a corporation sole, Bishop Felipe J. Estévez, S.T.D., individually, the above-noted parish, and employees and agents of said parties engaged in this particular event, their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property, of the child, or death, caused by negligence or otherwise, while the child is engaged in the above-stated event or in transportation to and from said event. The undersigned expressly agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned parent, guardian, legal representative further acknowledges that he/she is authorized to enter this Agreement on behalf of the child, and the child's parents, personal representatives, assigns, heirs, and next of kin.

Parent / Guardian Signature: _____ Date: _____

Child Photography Release Form [Picture Permission]

Without compensation, I hereby grant permission for St. Anastasia Catholic Church to use and reproduce photographs taken of my child for use in the bulletin, for news and editorial purposes in publications, electronic reproductions (parish websites) and/or parish brochures. I release the photographer, the journalists and the publications, as well a St. Anastasia Catholic Church from all claims and liability relating to said photographs.

Parent / Guardian Name: _____

Contact Information: Phone _____ Email: _____

Address: _____

Parent/Guardian Signature: _____ Date: _____