

Diocese of Superior

Permission Form for Minors with Indemnity Agreement and Emergency Contacts

Child Information

Full Name: _____ Date of Birth: _____ Gender: Female Male

Address: _____ Grade: _____

Home parish name & city: _____

Event Information

Description of Event: Going to Hudson 12 Theater to see the film I Can Only Imagine (rated PG)

Date of Event: Sunday, March 25th Beginning Time: 4:10 pm (drop-off) End time: 6:25 pm (pick-up)

Transportation Method: Youth are to be dropped off at the theater

Participant cost: \$7.50 for a ticket, all tickets and snacks are the responsibility of the participant.

Sponsored by: Saint Patrick Church

Supervised by: Tricia Pieper and H Dorian

Your permission is needed for your child to participate in the event listed above.

Please bring this permission form with you, permission form REQUIRED to participate with the group.

I give permission for my child to participate in the above named event. My signature below indicates that I understand the risks and hazards associated with the event this event, including injury, illness and the rare possibility of death. I understand that I may discuss any concerns or questions I have about this event with a representative of the parish or Diocese of Superior prior to giving permission for my child to participate.

In consideration for my child's participation, I agree to reimburse and indemnify the above named parish and the Diocese of Superior for all reasonable legal and court fees incurred by the parish/diocese in defending a lawsuit that I or my child may bring against the parish/diocese which relates to the above named event if the parish/diocese is found not legally liable by the courts and prevails in the lawsuit. If the parish/diocese is found legally liable for any injuries sustained by my child, this paragraph will not apply. I further agree to reimburse the diocese or any other agency for property damage or any bodily harm to other participants caused by my child.

Parent/guardian signature: _____ Date: _____

Relationship to child: _____ Print name: _____

Phone numbers – Home: _____ Work: _____ Cell: _____

Parents' email address: _____

EMERGENCY CONTACTS

Name: _____ Relationship: _____

Phone – Home: _____ Cell: _____ Work: _____

Name: _____ Relationship: _____

Phone – Home: _____ Cell: _____ Work: _____

Child's primary physician: _____ Phone: _____

Health system & location: _____

Health insurance carrier: _____ Policy number: _____

A MEDICATION CONSENT FORM MUST BE COMPLETED AND THE PRODUCT SUPPLIED FOR EACH MEDICATION YOUR CHILD WILL NEED TO TAKE DURING THIS EVENT. ASK THE EVENT ORGANIZER FOR THIS FORM.



WILL YOU HELP MAKE THIS EVENT POSSIBLE?-- YOU ARE NEEDED AS A CHAPERONE!

Name _____ Are you Safe Environment trained? _____

Are there any medical concerns we should be aware of? This will remain CONFIDENTIAL

Allergies, physical limitations, emotional concerns?

Diocese of Superior

Youth Image and Likeness Release Form

The Diocese of Superior and its affiliated parishes and schools may wish to use an image of your child in both print and electronic publicity. It is the practice of the Diocese of Superior to protect all children at all times including the public use of their images. This document has been developed to inform parents and guardians of their right to grant or refuse permission for their child's image and likeness to be used in Diocesan and affiliated parish and school media and promotional materials.

Permission to use any videotape, photograph, slide, audiotape, or any other visual or audio reproduction in which your child may appear may include promotional activities such as, but not limited to, websites, social media sites, newsprint, flyers or brochures. We reserve the right to determine which image and likeness is used and how long it will remain on the site or is used in media materials.

Diocesan Department, Parish or School Initiating this form: Saint Patrick Parish—Hudson, WI

Contact person: Tricia Pieper

Email: tpieper@stpatrickeducenter.org

Parents and Guardians:

Please carefully read the statements below. Indicate your permission or refusal of permission by signing and dating the appropriate statement.

YES, I give permission to the Diocese of Superior and affiliated parishes and schools to use my child's image and likeness for above-said use.

Child's name _____ Child's name _____

I understand that both print and electronic media have a very large audience and that my child(ren)'s photographic image may have an extremely wide distribution.

NO, I do not give permission to the Diocese of Superior and affiliated parishes to use my child's image and likeness for above-said use.

Parent/Guardian

Signature _____ Date _____