

PARENT-GUARDIAN CONSENT/RELEASE FORM

We, the parents/guardians of _____ do hereby give our Permission for him/her to participate in or be transported during any **SMM Youth Ministry event not held on church property from September 1, 2011 to August 31, 2012.**

Parent/Guardian Signature _____

Parent/Guardian Signature _____

We do hereby release and forever discharge the Diocese of Greensburg and designated chaperones from any/all actions or suits in law or equity which we might hereafter have by reasons of injuries sustained by our son/daughter participating in the above mentioned activity. In case of emergency, we give permission for our child to be treated at a hospital and/or by a medical doctor.

In case of emergency, contact us at this phone number: _____

If we are unavailable, contact (name) _____ phone number _____

Our Insurance Company is _____ Policy No. _____

Parent/Guardian Signature _____

Parent/Guardian Signature _____

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Student Name _____ Home phone _____

Address _____ City _____ Zip _____

Age _____ Grade _____ School/City _____

Parish/City _____

Indicate any illness or allergies of which we should be aware. Also, if the student will be taking any prescription medication, please note below:

PHOTOGRAPHIC RELEASE LETTER

I hereby grant to the Diocese of Greensburg, Pennsylvania, and its respective licensees, successors and assigns, the right and permission, with respect to those photographs taken of me or the minor named below on whose behalf I am signing, and with respect to any printed or electronic matter in connection therewith, to do the following:

1. To include such photographs on the Diocese of Greensburg website
2. To include such photographs on the St. Margaret Mary website
3. To use my name or the name of the minor on whose behalf I am signing, in connection with the foregoing.

I hereby release, discharge and agree to indemnify and hold harmless the Diocese of Greensburg or St. Margaret Mary and its legal representatives, licensees, successor and assigns, from all claims and demands whatsoever arising out of or in connection with the foregoing, and waive any right to inspect or approve the same.

Signature of Subject of Photograph

Printed Name

Address

I hereby certify that I am the *[parent and/or guardian]* of _____, a minor under the age of eighteen years, and hereby consent on behalf of said minor to the use of any of the photographs taken of said minor pursuant to the terms set forth in this Photographic Release, including, without limitation, the release, discharge and hold harmless provisions thereof.

Signature of Parent

Printed Name