

**St. Anne / St. Catherine Collaborative Parish
Permission, Release, and Consent Form**

EVENT NAME HERE: _____

EVENT DATE & TIME: _____

Name of Teen: _____

Address: _____

Phone # _____

In case of emergency, please notify:

Name: _____

Phone: _____

Are there any limitations to the activities in which your child can participate? Yes / No

If yes, please explain: _____

I, give permission for my son/daughter to participate in _____.

I give permission for my child to be transported if required to and from all venues / locations that are included in this event.

In case of medical emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I give permission for my son/daughter to be evaluated, diagnosed, treated and or medicated by licensed medical personal. In addition, I give permission for the release of any medical records which I provided to medical personnel in case of illness.

I hereby release the Roman Catholic Archbishop of Boston, a Corporation Sole, its agents, servants, and employees and all priests incardinated to the Roman Catholic Archdiocese of Boston, in addition to the St. Anne / St. Catherine Collaborative Parish staff and/or volunteers that work with their youth ministry, from any and all liabilities for personal property incident to this event and any aforementioned medical care and treatment which is provided.

Photographic Release. Volunteer (and Guardian) does hereby grant and convey unto St. Anne Parish all right, title, and interest in any and all photographic images and video or audio recordings made by the St. Anne / St. Catherine Collaborative Parish representatives during the Volunteer's participation in this St. Anne / St. Catherine Collaborative Parish sponsored activity, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

I have read the foregoing and understand the same.

Teen Signature: _____

Parent/Guardian Signature: _____

Date: _____