

Member #: _____

St. Justin Martyr
Permission and Release Form of a minor

This authorization is valid for any and all events held in the parish of St. Justin Martyr only from today's date until May 31, 2019. Please note: A separate form is required for all events that do not take place in the parish of St. Justin Martyr.

I, _____ father / mother (guardian) give my consent for my son / daughter to participate in the above activities. I am ready to send my son / daughter to participate and comply with instructions and activities of the parish, school or diocesan personnel responsible for the activities. _____ (initials)

I agree that in the event my child is injured as a result of their participation in the above named activities, including transportation to and from these activities, whether or not caused by negligence, active or passive parish, school, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, dental treatment costs and related expenses will be first against any accident, hospital, medical or dental insurance, or any available benefit plan of mine or my spouse. I am not aware of any medical condition of my child would be inappropriate for him / her to participate in any activity. _____ (initials)

I hereby authorize the taking of photographs, films, videotapes, recordings or other memoirs of the event and the participation of my child in it, and publication and duplication or other use thereof that hereby waive any right to compensation of any rights that otherwise could have limit or control production or use. _____ (initials)

I hereby give permission to the physician, nurse, dentist or licensed care personnel selected supervisory personnel then present to provide medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or staff licensed care.
_____ (initials)

Signature of parent / guardian _____ Date: _____

PARENT INVOLVEMENT

It is important that each parent be part of our process of this program to ensure the successful formation of faith for their children. Please I specified in an area where they can serve. It will give a clear direction and support! For more information, please call the Faith Formation Office.

- ____ Teacher / Catechist
- ____ Assistant Professor / Catechist
- ____ Help in the office during the week or Sunday
- ____ Hospitality (in parent meetings)
- ____ Assist in withdrawals
- ____ Support activities (monitoring, transportation, etc.)