



ST. PATRICK
CATHOLIC CHURCH
WWW.STPATRICKBR.ORG

Consent & Release Form

Participant's Name: _____ Date of Birth: _____

Home Address: _____

Participant's Cell Phone Number: _____

Participant's Email: _____

Parent's Name: _____

Initial inside of each box and sign below.

Communication Consent: I grant permission for my child to communicate via text messaging, Flocknote messaging, phone calls, email, video conferencing or virtual classroom within safe environment guidelines with Melissa Harshbarger, Director of Faith Formation/Youth Minister, and any appointed Faith Formation Volunteer that has been Safe Environment trained. Communication is approved for the specific purpose of Faith Formation schedules, reminders and Faith Formation session information.

Photo Release: I hereby grant the right for authorized representatives of St. Patrick Catholic Church to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or videos taken of my minor child to be used in and/or for advertisements, fundraising letters, annual reports, press kits, submissions to journalists, websites, social networking sites, and other print and digital communications, without payment or any other consideration. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing. I understand and agree that these materials shall become the property of St. Patrick Church and will not be returned.

Release of Liability: I, the parent and/or legal guardian, grant permission for my child to participate in the Confirmation Prep Program at St. Patrick Catholic Church. I understand that Confirmation events will take place under the guidance and supervision of Mrs. Melissa Harshbarger and the appointed Confirmation Leaders of St. Patrick Catholic Church Parish. I agree to hold harmless St. Patrick Catholic Church, its employees and agents, chaperones or representatives associated for these events from any claims, damages to personal property, or injury which may result during these events, unless such claim arises from the negligence of the parish or diocese. I also hereby warrant that to the best of my knowledge my child is in good health and I assume the responsibility for the health of my child. I do hereby authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency.

Parent's Signature: _____ Date: _____