LAST NAME: _____

CHILDREN: _____

PARISH/SCHOOL: St. Mary's Catholic Church

DESIGNATED SUPERVISOR OF ACTIVITY: *Linda Jackson*

ACTIVITY: Vacation Bible School

DESCRIPTION OF ACTIVITY: Faith, Games, Music, and Snacks.

Dates & Time of Activity: June 9-13 9.00 am - 12.00 noon Mon. – Thurs; 9:00 am -12:30 Friday

I consent to the participation of my CHILD/WARD in the above named ACTIVITY. In consideration for my CHILDREN/WARDS participation, I agree to reimburse and indemnify the PARISH/SCHOOL (understood to include the Diocese of Charleston) for all reasonable legal and court fees incurred by PARISH/SCHOOL in defending a lawsuit that I or my CHILDREN/WARDS may bring against the PARISH/SCHOOL which relates to the above named activity <u>if</u> the PARISH/SCHOOL is found not legally liable by the courts and prevails in the lawsuit. If the PARISH/SCHOOL is found legally liable for injuries sustained by CHILDREN/WARDS, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the ACTIVITY described above that my CHILDREN/WARDS will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the PARISH/SCHOOL to clarify any concerns or questions about the ACTIVITY or this agreement that I may have had.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: _____ **Phone Number:** _____

Please furnish medical information about your CHILDREN/WARDS which may be pertinent to his/her participation in the above identified ACTIVITY
_____
_____
_____
_____

Photograph/Press Release: I realize that photographs, videos, written extractions, and voice recordings of program participants may be taken during various activities for the purpose of illustrations, publications, and website.

☐ **I hereby authorize and give full consent to <u>St. Mary's Catholic Church.</u>**

to publish and copyright all photographs, videos, written extractions, and voice recordings in which my child appears while enrolled as a participant in the <u>Vacation Bible School</u>.

☐ I do not consent to the photographs, videos, written extractions, and voice recordings release.

_____   _____
Parent/Legal Guardian Signature   Date

Address _____   Cell (   ) _____   Home (   ) _____