**PARENT MEDICAL AND LIABILITY RELEASE STATEMENT,**

**CODE OF CONDUCT, PHOTO RELEASE, & ONLINE SERVICES**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(Parish Selected Platforms)***

**I.E. *ZOOM, GO TO MEETING, SCHOOLOGY, GOOGLE CLASSROOM, SOCIAL MEDIA ACCOUNT,* etc.**

**PLEASE PRINT**

**DIOCESE OF SAN BERNARDINO 1201 E. Highland Ave., San Bernardino, Ca 92404-4641 (909) 475-5300**

**CATHOLIC MUTUAL GROUP 1201 E. Highland Ave., San Bernardino, CA 92404-3972 (909) 886-6001**

 ***(Parish Name, Address, and Phone)***

# FAITH FORMATION CLASS

|  |
| --- |
| **INFORMATION** |
| **MEDICAL LIABILITY** |
|  |
| **CONDUCT** |
| **DIGITAL** |
| **PERMISSION** |

## \*\*Please check one:

**Location:** Adult (18 and older)

Youth (under 18)

# Phone:

**Date & Time of Activity: *Cost:***

Participant’s Name: Date of Birth: Parent/Legal Guardian’s Name:

Phone #: Cell or Work #:

Emergency Contact Name: Phone #:

Family Physician: Phone #: Insurance Company: Policy No: Allergies/Medical Problems/ Disabilities: Is the participant taking any over the counter or prescriptions drugs? **Please list and print clearly**

*(Use another sheet if necessary)*

## Please list any Allergies to medication or foods

I also understand that in the event medical intervention is necessary, every attempt will be made to contact immediately the persons listed on this form. If I cannot be reached in an emergency during the activity dates shown on this from, I give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/ order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by: ***(Coordinators Name & Phone #)*** and its agents during the events and activities. I understand the possibility of unforeseen hazards and know there is the inherent possibility or risk. **I agree not to hold,**

 ***(Location Name & Parish Name)*, its leaders, employees and volunteers** liable for damages, losses, diseases, or injuries incurred by the subject of this form.

I understand that by signing this form I/my child agree(s) to cooperate and participate fully, that I/my child will show respect for the property visited, respect for neighbor, that I/my child will show respect for the law and practice safety skills at all times. By failing to meet this code of conduct, I/my child am/are aware that appropriate action may be taken and arrangements may be made for immediate removal from the event.

I hereby authorize the making of photographs, motion pictures, videotapes, voice recording, usage of online services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***(Parish selected platform(s) used for sessions)*** or other memorializing of said session and my child’s participation therein, and the publication and duplication or other use thereof. I hereby waive any rights to compensation or any right that I otherwise might have to limit if to control such making or use.

By checking this box, I **DO** authorize any photos, videotapes, and voice recordings of my child as well as his/her usage of the online services mentioned above.  *Initials of Adult filling out form\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_*

By checking this box, I **DO NOT** authorize any photos, videotapes, and voice recordings of my child as well as his/her usage of the online services mentioned above.  *Initials of Adult filling out form\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_*

**Parent/ Guardian Signature Required** for minors under 18 Date

**Signature of Participant Required** (Youth or Adult) Date