



St. Patrick of Heatherdowns Service Saturday Release Form 2023-24

Student's Name: _____
(first, middle, last)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

EMERGENCY CONTACT INFORMATION

Mother's Name: _____
(first, middle, last)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Father's Name: _____
(first, middle, last)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Other Emergency Contact Name: _____
(first, middle, last)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

(OVER)

Waiver, Authorization, Release and Indemnification Agreement

In our Catholic parishes/schools, there are many opportunities to give one's time, talent and treasures through volunteer services to further the parish's/school's mission. In consideration for my child being permitted to volunteer services, including through the Service Saturday ministry, for and on behalf of St. Patrick Parish, I understand and acknowledge that my child's time and services as a volunteer are being donated without contemplation of compensation, workers compensation insurance, unemployment insurance benefits, or future employment, and that these services are provided for religious, charitable, and humanitarian reasons.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release The Roman Catholic Diocese of Toledo in America, its Bishop, Most Reverend Daniel E. Thomas, and St. Patrick Parish, their agents, servants and employees (hereinafter collectively the "Diocese"), with respect to any and all injury, disability, death, loss or damage to my child's person or property, including but not limited to possible exposure to and/or infection with COVID-19, as part of the volunteer work performed, whether arising from the negligence of the persons being released or otherwise.

I hereby grant permission to the Diocese to photograph (including through videotape or other means) my image, likeness, or depiction and/or that of my minor children (if applicable). I hereby grant permission to the Diocese to edit, crop, or retouch such photographs, and waive any right to inspect the final photographs. I hereby consent to and permit photographs of me and/or those of my minor children to be used by the Diocese worldwide for any purpose, including educational and advertisement purposes, and in any medium, including print and electronic. I understand that the Diocese may use such photographs with or without associating names thereto. I further waive any claim for compensation of any kind for the Diocese's use or publication of photographs of me and/or those of my minor children (if applicable).

I hereby fully and forever discharge and release the Diocese, and agree to indemnify and hold harmless the Diocese, with respect to any claim for damages of any kind (including, but not limited to, invasion of privacy, defamation, false light or misappropriation of name, likeness or image) arising out of the use or publication of photographs of me and/or those of my minor children (if applicable) by the Diocese, and covenant and agree not to sue or otherwise initiate legal proceedings against the Diocese for such use or publication on my own behalf or on behalf of my minor children. All grants of permission and consent, and all covenants, agreements and understandings contained herein are irrevocable.

The Diocese shall have the right to assign its rights hereunder, without your consent, in whole or in part, to any person, firm, or corporation.

I acknowledge and represent that I am over the age of 18, have read this entire document, that I understand its terms and provisions, and that I have signed it knowingly and voluntarily on behalf of myself and/or my children.

Signature _____

Print Name _____ Date _____

Consent for Treatment

I, _____ being the parent or legal guardian of _____, do hereby authorize St. Patrick of Heatherdowns Parish to seek and obtain medical care for my child in the event that my child needs medical care.

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____ Date: _____

Please list any allergies/medical conditions:

