



Image Release Form

(Photography and Image Assignment Waiver, and Release)

I _____,
for valuable consideration received, and for being allowed access to Diocesan property, activities, or events, expressly assign to _____ and the Diocese of Orlando, and to all of their current, former, and future agents and related entities (collectively, "the Diocese"), all rights, title and interest in, and to, the use of my and my child/ward's image or likeness, including, but not limited to all videotape recordings, photographs, or audio recordings of, or made by, me and/or my child/ward on Diocesan property, during a Diocesan-sponsored event, or for any other Diocesan purpose ("the Property"). The Diocese shall have, without my consent, the right to assign its rights in the Property, in whole or in part, to any entity, parish, or school within the Diocese of Orlando.

I hereby irrevocably grant the Diocese perpetually and exclusively, the right to use and incorporate (alone or together with other materials), in whole or in part, the Property, in any Diocesan publication, news release, or for any other purpose. Further, I hereby authorize the reproduction, sale, lease, copyright, exhibition, broadcast and/or distribution of the Property without limitation for any purpose whatsoever, and I further waive all rights to any compensation for my and/or my child/ward's appearance or participation in the Property. I understand and have been advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Diocese. Participants' names would not be identified, however, without specific written consent. I further understand that the Diocese has no control over the use of photographs or film taken by media that may be covering the event in which my child(ren)/ward(s) participate(s).

I hereby waive any claims against and release the Diocese, its current, former, and future religious, employees, volunteers, agents, and successors and assigns from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I and/or my child/ward may have against the Diocese in connection with the Property or the use of the Property.

This release shall not obligate the Diocese to use the Property or to use any of the rights granted hereunder, or to exhibit, distribute, or exploit the Property. I acknowledge that the Diocese cannot control all photographic access to its properties, and that my child/ward's name may be printed with photos/images in various publications, including non-Diocesan publications.

I represent that I am eighteen years of age or older, and that I have read and understand the terms of this Assignment, Waiver, and Release.

Signature

Date

Witness

If applicable, name(s) of minor children/wards:



Parental/Guardian Medical Information & Consent Form

Applicant Information				
Participant's Name:			Date of Birth:	
Address:	City:	State:	Zip:	Phone:
Father's Name:		Phone:		
Mother's Name:		Phone:		
Emergency Contact:		Languages Spoken by Emergency Contact:		
Medical Matters				
I hereby warrant to the best of my knowledge, all the information provided is true and correct and I assume all responsibility for the health of my child. I understand it is my responsibility to update the Medical Information & Consent Form if there are any changes to my child's health. <i>(Please initial)</i> _____ Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital/clinic for emergency medical or surgical treatment. <i>(Please initial)</i> _____				
Family Doctor:		Phone:		
Medications: I hereby Grant Permission for my child to be given the following provided medications. All medications must be well labeled. [NOTE: Any/all prescription medications must be in original pharmacy container with young person's name on the prescription label. Non-prescription/over-the-counter medications must be in original container with young person's name on the container.] I release and hold harmless (entity name) _____, the Diocese of Orlando and any other religious, employees, volunteers, agents and representatives from any injury or harm resulting from administering the medication. <i>(Please initial)</i> _____ Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency, are as follows:				
Medication:	Dosage:	Administer:		
Medication:	Dosage:	Administer:		
Medication:	Dosage:	Administer:		
Medical Conditions Information: (Reasonable steps will be taken to keep this information confidential, but it will be shared with Diocesan personnel and others, as warranted.) My son/daughter: • Is allergic to the following medications _____ • Has had an episode of the following or has been diagnosed with: ☐ Seizures ☐ Asthma ☐ Diabetic • Has had allergic reactions to the following (foods, dyes, latex, etc.) _____ • Has had a medical surgery within the last six months? ☐ Yes ☐ No Still under doctor's care? ☐ Yes ☐ No • Has a medically prescribed diet <i>(please explain)</i> _____ • Has the following physical limitations _____ • Immunizations current and up to date? ☐ Yes ☐ No Date of last tetanus/diphtheria immunization _____ • You should also be aware of these special medical conditions of my child: _____				
Insurance Information				
☐ No, I do not carry medical insurance at this time. ☐ I do carry medical insurance at this time.		Insurance Carrier:		
Name of Insured:		Insurance Policy Number:		

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.

Parent/Guardian Signature
(must sign for any participant under 18 or 18 or older & in high school)

Date



Parental/Guardian Consent Form & Liability Waiver

(This form is required for minors to attend an off property event or trip).

Applicant Information			
Participant's Name & E-mail Address:			Date of Birth:
Address:		City:	State: Zip:
Home Phone:		Parent/Guardian's Name & E-mail Address:	
Cell Phone:	Work Phone:	Other number where Parent/Guardian can be reached <u>during</u> event:	
Consent & Liability Waiver			
Important! To be filled out by the Parent/Guardian for youth under 18 years of age and individuals age 18 or older <u>and</u> in high school.			
In consideration of the program in which my son/daughter will participate, I, as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany (entity name) _____ to:			
Event & Location:		Date & Time:	
☐ Transportation Not Provided ☐ Transportation Provided		Method of Transportation:	
I acknowledge that (entity name) _____ is providing transportation to and from (location) _____ to the event. I acknowledge and assume the risk of this transportation for my child. My child must comply with (entity name) _____ rules and procedures. By granting this permission, I also waive any claims against, and RELEASE AND HOLD HARMLESS AND INDEMNIFY, (entity name) _____, the Diocese of Orlando, any of their religious, employees, volunteers, agents and representatives from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my child's participation in the program.			

_____ Parent/Guardian Signature <i>(must sign for any participant under 18 &/or 18 or older & in high school)</i>	_____ Date
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Participant: In signing the line below, I certify all the information on the trip form is complete and accurate, I also agree to abide by any/all policies established for this event/activity. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand there will be consequences for my actions, including being removed from the activity and being sent home at my parents/guardian's expense.

_____ Participant's Signature	_____ Date
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Insurance Information			
☐ No, I do not carry medical insurance at this time. ☐ I do carry medical insurance at this time.			
Insurance Carrier:			
Name of Insured:		Insurance Policy Number:	
Father's Name:	Day Phone	Mother's Name:	Day Phone:

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.