

**St Joseph Catholic Church
Vacation Bible School**

RELEASE OF LIABILITY & PARENTAL MEDICAL RELEASE

Date of Activity: **June 2018** Type of Activity: Vacation Bible School Location: St. Joseph

(I)/We Parent(s) / Legal Guardian(s) of the child listed below wish to register him/her for the above stated activity sponsored by St. Joseph Catholic Church and its Religious Education Program and/or its Youth Ministry.

Father:	Ph# : ()	City:
Mother:	Ph# : ()	Zip:
Address:	Home ph# : ()	
Emergency Contact:	Emergency ph# : ()	
Name of your child	Grade	DOB (MM/DD/YY)
		MEDICAL CONDITION OR ALLERIGES

RELEASE OF LIABILITY: In view of this registration to participate in the above stated Church sponsored activity, (I)/ We agree to release the staff and volunteers of the Diocese of Dallas, including ST. JOSEPH CATHOLIC CHURCH AND/OR ITS RELIGIOUS EDUCATION PROGRAM AND/OR ITS YOUTH MINISTRY, ITS DIRECTORS, MINISTERS AND ACTIVITY SPONSORS, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatever which may be incurred by the undersigned and the child participant that occur while said child is participating in the above named activity, including transportation to and from such activity or trip.
(**Please initial.**)

PARENTAL MEDICAL CONSENT: In connection with the above stated Church activity, (I)/We authorize the representative of the Diocese of Dallas, including ST. JOSEPH CATHOLIC CHURCH AND/OR ITS RELIGIOUS EDUCATION PROGRAM AND/OR ITS YOUTH MINISTRY, ITS DIRECTORS, MINISTERS AND ACTIVITY SPONSORS to consent to emergency health care by a qualified and licensed health care professional or hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Relevant insurance information is as follows: (**Please initial.**)
INSURER'S NAME: _____ POLICY # _____

AUDIO/VISUAL TAPING & PHOTOGRAPHY CONSENT: On occasion, at ST. JOSEPH CATHOLIC CHURCH, videotape, audio tape, slides, and photographs are taken of children and youth during church and diocesan sponsored activities, such as Mission Possible, Vacation Bible School, Mission Trips, Youth Ministry activities, etc. These are utilized in newsletters, websites, event promotion, advertisements and other printed media. As the State of Texas does not prevent videotaping or the photographing of children/youth (with the exception of Senate Bill 1, Section 26.009, which deals specifically with school districts), it does encourage parental consent. Additionally, current videotapes and photographs assist law enforcement agencies dealing with the Missing Children's Program. I, parent/guardian of said child, consent to the use of such materials in which my child may appear. I release the staff and volunteers of the Diocese of Dallas, including ST. JOSEPH CATHOLIC CHURCH AND/OR ITS RELIGIOUS EDUCATION PROGRAM AND/OR ITS YOUTH MINISTRY, ITS DIRECTORS, MINISTERS AND ACTIVITY SPONSORS from any liability connected with the use of pictures or voice recording as part of any of the above or similar activities. (**Please initial.**)

Parent(s)/Legal Guardian(s) signature: _____ **Date:** _____