

Ascension Catholic Church - Diocese of Orlando--Participant Release Form

I, _____ (Parent/legal guardian's name), the undersigned, who is the parent/legal guardian of _____ (child's name), a minor (hereinafter referred to as "Child"), on behalf of himself and Child, their personal representatives, assigns, heirs and next of kin, request Child be permitted to participate in the aforementioned event:

1. Hereby releases, waives, discharges and covenants not to sue Ascension Catholic Church (sponsor), their officers, employees, and agent, all for purposes herein referred to as Releases, from all liability to the undersigned and Child, their personal representatives, assign heirs and next of kin, for all loss or damage, and/or claims, demands, causes of actions or suites of any kind therefore, particularly on account of injury to the person or property resulting in the death of Child, whether caused by the negligence of Releases or otherwise, while Child is a participant in the aforementioned event;

2. Hereby agrees to indemnify and save and hold harmless the Releases and each of them from any loss, liability, damage, or cost they may incur while Child is a participant in the aforementioned event, whether caused by the negligence of the Releases or otherwise;

3. Hereby assumes full responsibility for and risk of bodily injury, death, or property damage due to the negligence of Releases or other wise while Child is a participant in the aforementioned event;

4. Hereby agrees that if any portion of the Agreement is held invalid, that the balance shall notwithstanding, continue in full legal force and effect.

***Parent/Guardian Signature:** _____ **Date:** _____

MEDICAL INFORMATION AND FIRST AID

In the event Child becomes ill, I authorize the directors or volunteers to obtain medical attention at a physician's office or hospital. I understand that every effort will be made to reach me before medical permission is given to treat my child. Child is covered by the following medical insurance:

Insurance Co. Name _____ Group # _____

FIRST AID: Please initial number one or two:

- 1) _____ I authorize and grant permission to a volunteer of Ascension Catholic Community's Summer Catechesis Program to treat minor injuries including scrapes, small cuts, splinters, and insect bites.

Check those allowed:

___ Hydrogen peroxide ___ Antibiotic ointment ___ Insect sting relief
___ Aloe Vera ___ Non-latex Band-aides/bandages ___ All listed

- 2) _____ I DO NOT authorize and grant permission to a volunteer of Ascension Catholic Community's Summer Catechesis Program to treat minor injuries including scrapes, small cuts, splinters, and insect bites.

*****If child will need to take medication during the event; parent/guardian must be present to distribute to the child.*****

*****Please list any medical/physical limitations (allergies, etc.) or other concerns pertaining to your child:**

PHOTOGRAPH / VIDEO RELEASE

Crocodile Dock distributed by Harcourt Publishers has a station titled, Spotlight Drama. During Spotlight Drama pictures will be taken of the children during their events throughout the day and "spotlighted" at the end of the day. These photos will ONLY be used during the Crocodile Dock SCP program.

_____ I grant permission for my child to participate in the Spotlight Drama station.

_____ I do not grant permission for my child to participate in the Spotlight Drama station.

Other Photo:

_____ I grant permission and understand that any photos taken of my child during this program may be used in publications (not website) to promote Ascension Catholic Community's Religious Education and/or Summer Catechesis Program. Photos will NOT be posted on SCP website.

_____ I DO NOT grant permission for photos to be taken of my child during this program.

****Parent/Guardian Signature:** _____ **Date:** _____