



DIOCESE OF VENICE IN FLORIDA

**Our Lady Queen of Martyrs
Religious Education Program**

**PARENT/GUARDIAN CONSENT TO RELEASE MINOR TO THIRD PARTY AND RELEASE OF
LIABILITY/AGREEMENT TO INDEMNIFY (annual school year)**

Diocesan Entity: Our Lady Queen of Martyrs Parish For Religious Education School Year 2019-2020

I, the undersigned parent/guardian of the minor, _____,
hereby give permission for my minor to be released to the following adult: _____
_____ (upon the provision of picture identification)
on the following date _____ at such time or under such circumstances as are
identified herein: _____

I understand that the parish/school may or may not know this third party and makes no representation regarding the individual's character, criminal history, driving record, insurance, or fitness to supervise children. Upon the release of my minor to the above identified third party, the parish/school has no further responsibility for my minor's care or wellbeing whatsoever.

I hereby release school/parish/program, the Bishop, individually and as a corporation sole, and all agents, employees and volunteers of said parish/school/program (hereinafter collectively known as "church") from any and all liability, including that arising from the negligence of the Church that may arise from acting in accord with the terms of this Consent. I hereby agree to hold harmless and indemnify Church from any claim that may be made against it arising from this Consent.

Parent/Guardian of Minor

Third Party Adult

Date Signed

Date Signed



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Religious Education Program**

**PARENT/GUARDIAN CONSENT TO RELEASE MINOR TO THIRD PARTY AND RELEASE OF
LIABILITY/AGREEMENT TO INDEMNIFY**

Diocesan Entity: Our Lady Queen of Martyrs Date _____

I, the undersigned parent/guardian of the minor, _____,
hereby give permission for my minor to be released to the following adult: _____
_____ (upon the provision of picture identification)
on the following date _____ at such time or under such circumstances as are
identified herein: _____

I understand that the parish/school may or may not know this third party and makes no representation regarding the individual's character, criminal history, driving record, insurance, or fitness to supervise children. Upon the release of my minor to the above identified third party, the parish/school has no further responsibility for my minor's care or wellbeing whatsoever.

I hereby release school/parish/program, the Bishop, individually and as a corporation sole, and all agents, employees and volunteers of said parish/school/program (hereinafter collectively known as "church") from any and all liability, including that arising from the negligence of the Church that may arise from acting in accord with the terms of this Consent. I hereby agree to hold harmless and indemnify Church from any claim that may be made against it arising from this Consent.

Parent/Guardian of Minor

Third Party Adult

Date Signed

Date Signed



**Our Lady Queen of Martyrs
Religious Education Program**

MEDICAL AUTHORIZATION FOR MINOR

NAME OF MINOR: _____ D.O.B. _____

PARISH/SCHOOL: Our Lady Queen of Martyrs Religious Education Program

HOME ADDRESS: _____

PARENTS/GUARDIANS: _____ / _____

PHONE #s: CELL #1: _____ HOME: _____

CELL #2 _____ WORK: _____

EMERGENCY CONTACT: _____ PHONE: _____

MEDICAL INFORMATION: Please list all pertinent medical information (for example, allergies, medications, physical impairments, or any other information necessary in an emergency situation). Explain fully.

Child's Doctor: _____ Address: _____

Address: _____

In case of illness or injury of the above student, reasonable effort will be made to contact the parent(s)/legal guardian(s)/emergency contact. **In case of a medical emergency**, 911 will be called. In the event that the parents/ legal guardian(s)/emergency contact cannot be notified or are not available, I (we) authorize parish, school, or other pertinent diocesan officials to consent to any x-ray examination, anesthetic, medical or surgical treatment, and/or hospital care, as determined to be necessary and appropriate by a licensed physician in the State of Florida. This authorization is valid for a period of 1 year from the date of execution.

Signature of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date: _____



DIOCESE OF VENICE IN FLORIDA

**Our Lady Queen Of Martyrs
Religious Education Program**

**AUTHORIZATION FOR RELEASE AND USE OF IMAGE
IN PHOTO, VIDEO FILES OR OTHER MEDIA**

Name of Participant: _____ DOB: _____

School/Parish/Diocesan Entity: _____

I, the undersigned adult participant or parent/legal guardian of the above named minor participant hereby grant to the above named School/Parish/Diocesan Entity the following irrevocable rights:

1. To use the name, photograph, picture, portrait, voice, appearance, likeness, performance (hereinafter collectively known as "image") of the above named participant in connection with its educational, promotional, fund-raising activities, or for any other legitimate purpose;
2. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of the above named participant individually or in conjunction with other images or printed matter in the production of brochures, slides, motion pictures, broadcasts (radio and television), audio or video files, recordings, still photography, CD-Rom and any other manner of media now known or later developed;
3. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of the abovenamed participant individually or in conjunction with other images or printed matter on the School/Parish/Diocesan's entity Internet web site. No personal information such as home address or phone numbers will be published;
4. The right to record, reproduce, amplify, edit, and simulate the above named participant's image and all sound effects produced; and
5. The right to copyright, in its own name, works that contain the image of above named participant; and
6. The right to assign the above-mentioned rights to third parties.

I understand that the video files, still photos, or other media incorporating the image the above named participant will become the property of the School/Parish/Diocesan Entity. I hereby waive the right to inspect or approve the image or any finished materials that incorporate said image.

I understand and agree that no compensation will be provided, now or in the future, in connection with the use of the above named participant's image, and nothing herein will create any obligation on the part of School/Parish/Diocesan Entity to make use of the rights or materials set forth herein.

I hereby release and forever discharge Frank J. Dewane, as Bishop of the Diocese of Venice, his successors in office, a corporation sole, _____ Catholic School/Parish/Diocesan Entity, their agents, employees and assigns from any and all claims demand, rights, and causes of action of whatever kind that may arise from the use of above named participant's image, including all claims for libel and invasion of privacy.

I hereby certify that I am the above named participant or the parent/legal guardian of the above referenced minor, and I give my consent, without reservation, to the above agreement on behalf of myself or said minor. This agreement shall be valid for a period of four years from the date hereof, unless revoked in writing.

Adult Participant or Parent/Guardian Signature

Date

Address

Phone Number