THE ARCHDIOCESE OF SAN FRANCISCO

PARENTAL PERMISSION FORM – one form for each child in the Religious Ed Program

ACTIVITY: St. Dunstan Religious Education/Faith Formation Program, classes on Tuesdays, between 4:00pm to 8:30pm depending on the particular class/Grade schedule for the student. Classes are from Aug. 22, 2023 until end of program in May 2024. Classes are done Face to Face in Classroom Learning to the extent possible.

CHILD'S NAME:		PARISH:				
ADDRESS (Street, City, Zip)						
	CELL PHONE: ()					
SCHOOL:	GRADE:	BIRTH DATE				
PARENT/GUARDIAN'S NAM	1E:					
ADDRESS (Street, City, Zip)						
CELL PHONE: ()	WOI	RK PHONE: ()				
PERSON(S) (OTHER THAN I	PARENT/GUARDIAN)	TO NOTIFY IN CASE OF EMERGENCY:				
NAME:		PHONE: ()				
I agree, to the extent permit participation in the above-name activity, whether or not caused by youth activities program, or any hospital, medical, or related cost insurance, or any available benefit of participate in any such activity. I hereby give permission to present to render medical treatments.	gree to direct my child to , or Archdiocesan personn itted by law, that in the ed activity, including but by the negligence (active y of its agents or employ ts and expenses will first fit plan of mine or of my so cal condition of my child y. the physician selected by ent deemed necessary and and all rights to, or competither record of this even	event my child is injured as a result of his/her to not limited to transportation to and from the or passive) of the parish/school or Archdiocesar yees, recourse for the payment of any resulting be had against any accident, hospital or medical pouse. which would render it inappropriate for him/her appropriate by the physician. ensation for, any photographs, videotapes, motion ent or activity which may be made by the				
PARENT/GUARDIAN'S SIGN	AL MILIDE	DATE: DATE:				
(While being sensitive to single- of both parents should be obta	-parent situations and pos	sible embarrassment to the children, signature				

Both sides of the form must be completed & signed.

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WAIVER AND RELEASE FORM RELATING TO MINORS

In consideration of the acceptance of my child's application for participation in the event described herein, I hereby grant permission for my child to participate in the event and, to the extent permitted by law, waive, release, and discharge any and all claims for damages for death, personal injury, loss, or property damage which I may have or which may hereafter accrue to me or my child, as a result of my child's participation in the event or activity described herein, including but not limited to transportation to and from the event or activity, whether or not caused by the negligence (active or passive) of the Archdiocese. This Waiver and Release is intended to release and discharge in advance the promoters, sponsors, officials, leaders and THE ROMAN CATHOLIC ARCHBISHOP OF SAN FRANCISCO, A CORPORATION SOLE, and St. Dunstan Catholic Church and their officers, agents, and employees (The Archdiocese) from any and all liability, except for that attributable to willful misconduct, arising out of or connected in any way with my child's participation in: St. Dunstan Religious Education/Faith Formation Program, classes on Tuesdays, between 4:00pm to 8:30pm depending on the particular class/Grade schedule for the student. Classes are from Aug. 22, 2023 until May 2024. Classes are Face to Face in Classroom Learning, to the extent possible.

It is further understood and agreed that this Agreement, Waiver, and Release is to be binding on my heirs and assigns. Also, I hereby attest and verify that my child is physically fit and capable of participation in this event, and further, my child's physical condition for safe participation in this above-described event or activity has been verified by a licensed medical doctor during the last year, and that my child is under the age of 18. I agree to inform my child to abide by the rules established by the promoters, sponsors, officials, or leaders of the event or activity, and to obey the directions given by any of them. Further, I hereby waive any and all rights to, or compensation for, any photographs, videotapes, motion pictures, recordings, or any other record of this event or activity which may be made by the Archbishop/Parish/Agency and affiliate organizations. Further, I hereby attest that my child's participation in this event or these activities will be conducted on his/her own time and not on his/her employer's time, that this is for his/her own personal benefit, and any injury sustained will not be considered by myself or my heirs or assigns as a work-incurred injury. This Waiver and Release form is signed in order to participate in this event or activity for my child's own personal enjoyment and benefit and is done so freely with full knowledge of the risks and dangers incident thereto.

risks and dang	ers incident ther	eto.		one so freely with		J
(Signature of F	ather/Guardian)	Date	(Signatu	re of Mother/Guard	ian) D	ate
Phone Number(s	s) of Parent(s)/Gua	ırdian(s) in	case of Emerg	ency:		
()		()			
				Vaiver and Releas the Waiver and R		
(Print Participa	ant's Name) (Signature o	of Participant)	Date		
Person(s) (other	than parents/gua	rdians) to n	otify in case o	f emergency:		
Name:	Phone: _		Name:	Pho	one:	_
	Both sid	es of the fo	orm must be co	ompleted & signed.	_	