

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. 20, 2024 until end of program in May 2025. 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 NAME: _____

ADDRESS (Street, City, Zip) _____

CELL PHONE: (____) _____ **WORK PHONE:** (____) _____

PERSON(S) (OTHER THAN PARENT/GUARDIAN) TO NOTIFY IN CASE OF EMERGENCY:

NAME: _____ **PHONE:** (____) _____

I, the parent/guardian of the above-named child, hereby give my permission for his/her participation in the activity named above. I agree to direct my child to cooperate and conform with the directions and instructions of the parish, school, or Archdiocesan personnel responsible for the activity.

I agree, to the extent permitted by law, that in the event my child is injured as a result of his/her participation in the above-named activity, including but not limited to transportation to and from the activity, whether or not caused by the negligence (active or passive) of the parish/school or Archdiocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit plan of mine or of my spouse.

I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity.

I hereby give permission to the physician selected by the youth activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician.

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/School/Agency and affiliate organizations.

PARENT/GUARDIAN'S SIGNATURE: _____ **DATE:** _____

OTHER PARENT/GUARDIAN'S SIGNATURE: _____ **DATE:** _____

(While being sensitive to single-parent situations and possible embarrassment to the children, signature of both parents should be obtained when possible.)

Both sides of the form must be completed & signed.

THE ARCHDIOCESE OF SAN FRANCISCO

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. 20, 2024 until May 2025. 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.

Signature of Father/Guardian Date Signature of Mother/Guardian Date

Phone Number(s) of Parent(s)/Guardian(s) in case of Emergency:

() _____ () _____

I have read and/or discussed with my parents this Waiver and Release form concerning my participation in the event. I understand it and agree that the Waiver and Release shall apply to me also.

Print Student's Name Signature of Student Date

Person(s) (other than parents/guardians) to notify in case of emergency:

Name: _____ **Phone:** _____ **Name:** _____ **Phone:** _____

Both sides of the form must be completed & signed.
