

**PARENT / LEGAL GUARDIAN PERMISSION SLIP
BLESSED SACRAMENT R.C. CHURCH**

One Day Event

Dear Parent or Legal Guardian:

Your son/daughter, guardianship, is eligible to participate in a parish-sponsored activity that requires transportation to a location away from the parish site. This activity will take place under the guidance and supervision of employees and/or volunteers from Blessed Sacrament R.C. Church. A brief description on the activity follows:

Name of Event: Service Saturday Clean up Lincoln Park

Purpose: Community Service

Event Site: Lincoln Park Cost FREE

Designated Supervisor(s) of Activity: Carolyn Prefontaine

Date and Time of Departure: October 27th, 2018 at 9am

Date and Anticipated time of Return: October 27th, 2018 at Noon

Method of Transportation: Drop off at Lincoln Park

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability. As a parent, legal guardian, you remain fully responsible for any legal responsibility which may result from actions taken by the named youth.

RELEASE OF LIABILITY

I/We recognize and acknowledge that there are risks in my child's presence and participation in the _____ R.C. Church program taking place at _____ on _____. I agree to indemnify, hold harmless, waive and relinquish all claims I may have against _____ R.C. Church and the Diocese of Buffalo including any negligence claims on their part and its officers, agents, employees, representatives or volunteers arising out of the transportation to and / or from the event, or in connection with any claims arising out of or caused by any activity my child participates in during the event.

MEDICAL RELEASE

My/our permission is hereby given to the representatives of _____ R.C. Church to authorize by his/her signature, whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance in the event of an accident or medical emergency in which the parent or guardian cannot be reached. It is understood that every attempt to reach the parent or guardian will be made. If the physician below cannot respond, I authorize any licensed physician or medical center to treat the participant designated below.

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MEDIA RELEASE

I give permission for photographs or video of program participants including my child to be used in publications, web sites, brochures, flyers, reports, social networking or other promotional materials produced from time to time by the parish and the Diocese of Buffalo. I acknowledge that radio stations, television stations, newspapers and web sites occasionally cover parish activities and may request an interview with my child or include images of my child in their coverage. I give permission to the parish and all print, radio, television and Internet media outlets to use the images, voices and words of my child without any limitation or restriction, and with no financial compensation, for the purposes of promoting the parish and Diocese of Buffalo related events. In the case of the *Western New York Catholic* and *Daybreak TV* Productions, both of the Diocese of Buffalo, I give permission to use the images, voices and words at any time. Parents or guardians who do not wish their child to be filmed or recorded, or who do not wish their child to speak with the media should notify the designated supervisor in writing.

Youth Participant _____

Parent Signature _____ Date _____

Address _____

Phone – Home _____ Work _____ Cell _____

Emergency Contact Name _____ Phone Number _____

Health Insurance Company Name and Plan Number (attach copy of medical insurance card)

Family Physician _____ Phone Number _____

Allergies, reactions or other pertinent medical information: _____

Please return this entire form by October 27th, 2018 to Ms. Carolyn Prefontaine