Participant(s):_____

Please list any medical/medications that we should be aware of:

_____
_____

Please list any allergies:

_____

In the event of an emergency and I cannot be reached, I hereby authorize St. Rita Catholic Church to provide appropriate medical attention as deemed necessary to my children while attending a Faith Formation event, retreat or other activity connected with this parish program.

EMERGENCY CONTACT: (Other than the Parent)

_____   _____   _____
NAME   RELATIONSHIP   PHONE/CELL NUMBER

Photograph and/or Videotape Consent & Release

I hereby grant to Sponsor the right to photograph and/or videotape me and further to use my name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, and promotional materials without any reservation, limitation, or consideration. This waiver specifically releases any common law causes of action or claims under Fla. Stat. 540.08 and expressly constitutes written consent for publication of my name, face, likeness, voice and appearance.

Signature of participant: _____

Name: (Please Print) _____

Date: _____

I certify that I am the parent or legal guardian of the above-signed participant and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of this Photograph and/or Videotape Consent and Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claims that I may have against Sponsor as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the participant, including without limitations any claims arising as a result of the participants leaving the supervision of Sponsor. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of Parent/Guardian: _____

Printed Name: _____   Date: _____