



# Image Release Form

(Photography and Image Assignment Waiver, and Release)

I \_\_\_\_\_,  
for valuable consideration received, and for being allowed access to Diocesan property, activities, or events, expressly assign to  
**Church of Our Saviour** \_\_\_\_\_ and the Diocese of Orlando,  
and to all of their current, former, and future agents and related entities (collectively, “the Diocese”), all rights, title and interest  
in, and to, the use of my and my child/ward’s image or likeness, including, but not limited to all videotape recordings,  
photographs, or audio recordings of, or made by, me and/or my child/ward on Diocesan property, during a Diocesan-sponsored  
event, or for any other Diocesan purpose (“the Property”). The Diocese shall have, without my consent, the right to assign its  
rights in the Property, in whole or in part, to any entity, parish, or school within the Diocese of Orlando.

I hereby irrevocably grant the Diocese perpetually and exclusively, the right to use and incorporate (alone or together with other materials), in whole or in part, the Property, in any Diocesan publication, news release, or for any other purpose. Further, I hereby authorize the reproduction, sale, lease, copyright, exhibition, broadcast and/or distribution of the Property without limitation for any purpose whatsoever, and I further waive all rights to any compensation for my and/or my child/ward’s appearance or participation in the Property. I understand and have been advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Diocese. Participants’ names would not be identified, however, without specific written consent. I further understand that the Diocese has no control over the use of photographs or film taken by media that may be covering the event in which my child(ren)/ward(s) participate(s).

I hereby waive any claims against and release the Diocese, its current, former, and future religious, employees, volunteers, agents, and successors and assigns from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I and/or my child/ward may have against the Diocese in connection with the Property or the use of the Property.

This release shall not obligate the Diocese to use the Property or to use any of the rights granted hereunder, or to exhibit, distribute, or exploit the Property. I acknowledge that the Diocese cannot control all photographic access to its properties, and that my child/ward’s name may be printed with photos/images in various publications, including non-Diocesan publications.

I represent that I am eighteen years of age or older, and that I have read and understand the terms of this Assignment, Waiver, and Release.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
If applicable, name(s) of minor children/wards:  
\_\_\_\_\_  
\_\_\_\_\_



# Parental/Guardian Consent Form & Liability Waiver

(This form is required for minors to attend an off property event or trip).

**This form is to be completed by Parent/Guardian for youth under 18 years of age and individuals 18 years of age or older and in high school.**

## APPLICANT INFORMATION

Participant's Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

E-mail Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Other number where Parent/Guardian can be reached during event: \_\_\_\_\_

In consideration of the program in which my son/daughter will participate, I, as a parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany:

\_\_\_\_\_  
(Parish/Diocese/School)

Event & Location \_\_\_\_\_

Date & Time \_\_\_\_\_

Transportation not provided

Transportation provided

Method of transportation \_\_\_\_\_

I acknowledge that (entity name): \_\_\_\_\_ is providing transportation to and from (location): \_\_\_\_\_ to the event. I acknowledge and assume the risk of this transportation for my child. My child must comply with (entity name) \_\_\_\_\_ rules and procedures. By granting this permission, I also waive any claims against, and RELEASE AND HOLD HARMLESS AND INDEMNITY, (entity name): \_\_\_\_\_, the \_\_\_\_\_, the Diocese of Orlando, any other of their religious, employees, volunteers, agents, and representatives from any liability, claims, demands, and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my child's participation in the program.

**INSURANCE INFORMATION**

Do you have medical insurance?     Yes     No

If yes, please provide the following information.

Insurance company \_\_\_\_\_

Policy in the name of \_\_\_\_\_

Policy number \_\_\_\_\_

Father's name \_\_\_\_\_

Day phone number \_\_\_\_\_

Mother's name \_\_\_\_\_

Day phone number \_\_\_\_\_

**In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.**

In signing the line below, I certify all the information on the trip form is complete and accurate, I also agree to abide by any/all policies established for this event/activity. Should I not be able to maintain the guidelines and expectations for this event, I understand there will be consequences for my actions which could include my being asked to leave the event. By consenting to the use of an electronic signature, I am agreeing to the rights and obligations in this *Parental/Guardian Consent Form & Liability Waiver*. I can obtain a copy of the electronically signed *Parent/Guardian Consent Form & Liability Waiver* by requesting a copy from the

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(Parish/Diocese/School)

where I submitted the document. If I prefer, I can, by printing the document, obtain a paper copy of the *Parental/Guardian Consent Form & Liability Waiver*, sign it by hand, and deliver it to

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(Parish/Diocese/School)

I can withdraw my consent to *Parental/Guardian Consent Form & Liability Waiver* by notifying

---

(Parish/Diocese/School)

in writing. Consent cannot be withdrawn for \_\_\_\_\_  
(event)

once \_\_\_\_\_  
(event)

has commenced. If I withdraw my consent, I and/or my child will not be able to attend

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(event)

Even if consent is withdrawn, I understand I may still be liable for the

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(cost of the event OR fees already incurred)

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Signature

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Date



# Parental/Guardian Medical Information & Consent Form

## APPLICANT INFORMATION

Participant's Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

## MEDICAL MATTERS

I hereby warrant to the best of my knowledge, all the information provided is true and correct, and I assume all responsibility for the health of my child. I understand that it is my responsibility to update the *Parental/Guardian Medical Information & Consent Form* if there are any changes to my child's health.

## EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give permission to transport my child to a hospital/clinic for emergency medical or surgical treatment.

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICATIONS**

I hereby Grant Permission for my child to be given the following provided medications. All medications must be well labeled. (NOTE: Any/all prescription medications must be in original pharmacy container with young person’s name on the prescription label. Non-prescription/over-the-counter medications must be in original container with young person’s name on the container.) I release and hold harmless \_\_\_\_\_, *entity name*

the Diocese of Orlando and any other religious, employees, volunteers, agents and representatives from any injury or harm resulting from administering the medication.

Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency, are as follows:

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Administer \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Administer \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Administer \_\_\_\_\_

**MEDICAL CONDITIONS INFORMATION**

*Reasonable steps will be taken to keep this information confidential, but it will be shared with Diocesan personnel and others, as warranted. My son/daughter:*

- Is allergic to the following medications: \_\_\_\_\_
- Has had an episode of the following or has been diagnosed with:
  - Seizures    Asthma    Diabetic
- Has had allergic reactions to the following (foods, dyes, latex, etc.)
 

\_\_\_\_\_
- Has had a medical surgery within the last six months:
  - Yes    No                       Still under a doctor’s care?

- Has a medically prescribed diet (please explain) \_\_\_\_\_
- Has the following physical limitations \_\_\_\_\_
- Immunizations up to date?  Yes  No  
Date of last tetanus/diphtheria immunization \_\_\_\_\_
- You should also be aware of these special medical conditions of my child:  
\_\_\_\_\_

**INSURANCE INFORMATION**

Do you have medical insurance?  Yes  No

If yes, please provide the following information.

Insurance company \_\_\_\_\_

Policy in the name of \_\_\_\_\_

Policy number \_\_\_\_\_

**In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant’s parent/guardian.**

In signing the line below, I certify all the information on this form is complete and accurate, By consenting to the use of an electronic signature, I am agreeing to the rights and obligations in this *Parental/Guardian Medical Information & Consent Form*. I can obtain a copy of the electronically signed *Parent/Guardian Medical Information & Consent Form* by requesting a copy from the

\_\_\_\_\_ *(Parish/Diocese/School)*  
where I submitted the document. If I prefer, I can, by printing the document, obtain a paper copy of the *Parental/Guardian Medical Information & Consent Form*, sign it by hand, and deliver it to \_\_\_\_\_

\_\_\_\_\_ *(Parish/Diocese/School)*  
I can withdraw my consent to *Parental/Guardian Consent Form & Liability Waiver* by notifying

\_\_\_\_\_ *(Parish/Diocese/School)*  
in writing. Consent cannot be withdrawn for \_\_\_\_\_ *(event)*  
once \_\_\_\_\_ *(event)*

has commenced. If I withdraw my consent, I and/or my child will not be able to attend

\_\_\_\_\_ *(event)*  
Even if consent is withdrawn, I understand I may still be liable for the

\_\_\_\_\_  
*(cost of the event OR fees already incurred)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date