



Diocese of Buffalo

# Department of Lifelong Faith Formation

A member of the Division for Evangelization and Catechesis

## PARENT / LEGAL GUARDIAN CONFIDENTIAL RELEASE FORM

### IMMACULATE CONCEPTION CHURCH OF RANSOMVILLE 2018-2019

Dear Parent or Legal Guardian:

Your child(ren), guardianship, is eligible to participate in the Religious Education Program of Immaculate Conception Church of Ransomville. This program will take place under the guidance and supervision of employees and/or volunteers from Immaculate Conception Church of Ransomville.

If you would like your child to participate, 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 child(ren).

#### RELEASE OF LIABILITY

I/We recognize and acknowledge that there are risks in my child's presence and participation in the Religious Education Program at Immaculate Conception Church of Ransomville taking place at 4671 Townline Road, Ransomville, NY. I agree to indemnify, hold harmless, waive and relinquish all claims I may have against Immaculate Conception Church of Ransomville and the Diocese of Buffalo including any negligence claims on their part and its officers, agents, employees, representatives or volunteers arising out of the program, or in connection with any claims arising out of or caused by any activity my child participates in during the program.

#### 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 Immaculate Conception Church of Ransomville 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.

**Please Print (except for signature)**

Child 1 \_\_\_\_\_

Child 2 \_\_\_\_\_

Child 3 \_\_\_\_\_

Child 4 \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_



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## MEDICAL RELEASE

My/our permission is hereby given to the representatives of Immaculate Conception Church of Ransomville to authorize by his/her signature, whatever medical or surgical treatment may be considered necessary or advisable by a physician or nurse 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 listed cannot respond, I authorize any licensed physician or medical center to treat the child(ren) designated above.

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

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Allergies, reactions or other pertinent medical information: \_\_\_\_\_

**CODE OF CONDUCT:** Participation in the Religious Education Program of Immaculate Conception Church of Ransomville is a privilege and not a right. Each student must attend all scheduled activities. The behavior of all children and adults must reflect Christian values. Drugs/Alcohol are not permitted. The staff reserves the right to ask any student to leave at the family's own expense. I/We have read and agree to uphold the above "Code of Conduct".

\_\_\_\_\_  
**Print** Parent or Legal Guardian Name

\_\_\_\_\_  
Parent or Legal Guardian **Signature**

Please return this entire form by \_\_\_\_\_ to \_\_\_\_\_