

VBS 2023
A SAINTLY CELEBRATION
Kindergarten – 5th Grade Registration

Return to
Education Office
by July 14

PARENTAL/GUARDIAN CONSENT FORM & INDEMNITY AGREEMENT

Student/Participant Name _____
Date of Birth _____ Age: _____ Gender: M _____ F _____
Grade Fall of 2023: K _____ 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____
Shirt size: YXS _____ YS _____ YM _____ YL _____ YXL _____ AS _____ AM _____ AL _____

Parent/Guardian Name(s) _____
Home Address _____
Home Phone _____ Cell Phone _____
Email: _____

Place of Event: **St. Gregory the Great Catholic Church**
Dates of Event: **August 14–18, with a short program on August 20 following the 9:30am Mass**
Will your family be able to attend the program on August 20? YES NO
Time: **5:00 p.m. – 8:00 p.m.**
Cost (if applicable): **\$40.00 per child/\$100.00 max per family**
Snacks will be provided each day. Participants should eat dinner before arriving.
Individual in Charge: **Liz Long**

I, _____, grant permission for _____,
Printed Parent or Guardian Name Printed Child's Name
to participate in the above-named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the St. Gregory the Great Catholic Church and the Archdiocese of Saint Paul and Minneapolis from any claims or lawsuits brought against the St. Gregory the Great Catholic Church/Archdiocese of Saint Paul and Minneapolis by myself, my child, or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and the Archdiocese in defense of such a claim/suit.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact:

Name Phone Number Relation

MEDICAL RELEASE:
Please list any allergies. Include medications, foods, etc. specific to your child:

(attach explanation if necessary)
Does your child have any medical or special needs, including medications currently being used? No ___ Yes ___
If yes, please explain. _____

Family Health Plan and policy number _____
Doctor Name _____ Doctor Phone _____
Dentist Name _____ Dentist Phone _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Signature _____ Date _____

**AUTHORIZATION, CONSENT AND RELEASE FOR USE OF
VISUAL LIKENESSES AND ORIGINAL WORKS OF MINORS**

This form allows you, the parent or guardian, to identify if images of your child and their original works may be used for purposes of print, online, social media communication and promotion.

I am the parent or legal guardian of _____ (full name of minor) ("My Child").

I grant the following rights to St. Gregory the Great Church/Sacred Heart Church and the Archdiocese of Saint Paul and Minneapolis:

- 1) The right to use all photographs, pictures, portraits, vocal sounds, appearances/likenesses, video and performances (hereinafter collectively known as "image") of My Child in the possession of St. Gregory the Great Church/Sacred Heart Church;
- 2) The right to use, reproduce, publish, exhibit, distribute, and transmit the image of My Child individually or in conjunction with other images or printed matter in the production of brochures, slides, motion pictures, broadcasts (radio, television, and other social and digital media), audio or video files, recordings, still photography, CD-Rom and any other manner of media now known or later developed;
- 3) The right to use, reproduce, publish, exhibit, distribute, and transmit the image of My Child individually or in conjunction with other images or printed matter on St. Gregory the Great Church/Sacred Heart Church and the Archdiocese of Saint Paul and Minneapolis's Internet websites. **No home address or phone number will be published;**
- 4) The right to record, reproduce, amplify, edit, and simulate My Child's image and all sound effects produced;
- 5) The right to copyright, in the name of St. Gregory the Great Church/Sacred Heart Church and the Archdiocese of Saint Paul and Minneapolis, works that contain the image of My Child;
- 6) The right to use and publish for general communications, advertising, commercial or publicity purposes, or for any other lawful purpose whatsoever My Child's original work; and
- 7) The right to assign the above-mentioned rights to third parties without notice to me.

I understand that the video files, still photos, or other media incorporating the image of My Child will become the property of St. Gregory the Great Church/Sacred Heart Church/Archdiocese of Saint Paul and Minneapolis. I hereby waive the right to inspect or approve the image or any finished materials that incorporate the image.

I understand and agree that no compensation will be provided, now or in the future, in connection with the use of My Child's image or My Child's original work.

I hereby release, discharge, and agree to indemnify and hold harmless St. Gregory the Great Church/Sacred Heart Church, the Archdiocese of Saint Paul and Minneapolis, and their agents, employees and assigns from any and all claims, demands, right, and causes of action of whatever kind that I or My Child have or may have or may arise by reason of this authorization and from the use of My Child's image and original work, including but not limited to, all claims for libel and invasion of privacy.

This consent regarding My Child's likeness and original work is valid until such time as I choose to rescind this authorization and consent. If I choose to rescind this authorization and consent, I agree that I will inform St. Gregory the Great Church/Sacred Heart Church/Archdiocese of Saint Paul and Minneapolis in writing and that my rescission will not take effect until it is received by St. Gregory the Great Church/Sacred Heart Church/Archdiocese of Saint Paul and Minneapolis. I understand and acknowledge that it may not be possible to recall any work or photos that have been published prior to receipt of my written rescission.

I hereby authorize and consent that St. Gregory the Great Church/Sacred Heart Church and the Archdiocese of Saint Paul and Minneapolis have the right to use My Child's name in connection with their educational, promotional, fund-raising activities, or for any other legitimate purpose.

Please initial: _____ Yes _____ No

I have read the above Disclosures, Authorizations, and Releases, have had the opportunity to consider their terms, and understand them. I execute this document voluntarily and with full knowledge of its significance.

Parent/Guardian Name (please print): _____

Address: _____

Phone number: _____

Signature of Parent/Guardian: _____ Date: _____