

WINTER LOCK-IN

February 10th-11th 2023

Student/Participant's name: _____ Gender: M ___ F ___ Date of birth: _____

Grade in school: _____ Parent/Guardian's name: _____ Cell phone: _____

Home address: _____

Email address: _____

Additional parent/guardian _____ Cell phone: _____

A brief description of the activity follows:

Type of event: Overnight Lock-in **Location:** Church of St. Timothy **Date:** Friday Feb. 10th - Saturday, Feb. 11th

Drop off & Pick up: Drop off at 6:00pm and pick up at 6:00 am **Cost:** \$35

I, _____ grant permission for my child, _____,
Printed Parent or guardian's name Printed Child's name

to participate in this parish/school event that will take place on parish/school site. This event will take place under the guidance and direction of parish/school employees and/or volunteers from The Churches of St. Timothy and Ss. Peter and Paul.

I understand and agree that as parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("student/participant"). Further, I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend The Churches of St. Timothy and Ss. Peter and Paul, its officers, directors, employees and agents, and the Archdiocese of Saint Paul and Minneapolis, its employees and agents, chaperones, or representatives associated with the event and activities (hereinafter "Releasees"), from any claim, including but not limited to all claims relating to communicable disease, arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate Releasees for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of Releasees and is not related to communicable disease (see communicable disease release, hold harmless and indemnification agreement below).

Communicable Disease Release, Hold Harmless & Indemnification Agreement: I agree to hold Releasees harmless, release, defend, and indemnify Releasees for any communicable disease claim arising out of the above Event that is brought against Releasees by myself, participant, my family members, heirs, assigns, executors, and personal representatives. I understand and agree this communicable disease release, hold harmless, and indemnification agreement includes claims based on the actions, omissions, or negligence of participant, myself, and others, including, but not limited to the Releasees.

Signature: _____ Date: _____

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: _____ Phone: _____

Specific Medical Information: The Churches of St. Timothy and Ss. Peter and Paul will take reasonable care to see that the following information will be held in confidence.

Medications: My child is taking medication at present. My child will bring all such medications necessary and such medications will be well- labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Allergic reactions (medications, foods, plants, insects, etc.):

Immunizations - Date of last tetanus/diphtheria immunization:

You should be aware of these special medical conditions of my child:

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

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

Signature: _____ Date: _____

Rev. 8.19.2021

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 The Churches of St. Timothy and Ss. Peter and Paul 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 The Churches of St. Timothy and Ss. Peter and Paul;
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 The Churches of St. Timothy and Ss. Peter and Paul 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 The Churches of St. Timothy and Ss. Peter and Paul 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 The Churches of St. Timothy and Ss. Peter and Paul. 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 The Churches of St. Timothy and Ss. Peter and Paul, 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 (The Churches of St. Timothy and Ss. Peter and Paul in writing and that my rescission will not take effect until it is received by The Churches of St. Timothy and Ss. Peter and Paul 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 The Churches of St. Timothy and Ss. Peter and Paul 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: _____

Rev. April 2020