

**THE ARCHDIOCESE OF SAN FRANCISCO**

**PARENTAL PERMISSION FORM**

*Please complete and sign BOTH sides.*

**ACTIVITY**

St. Raymond Parish Religious Education for academic year 2021-2022. Located in St. Raymond Parish church and grounds, St. Raymond School campus, and on Zoom.

**CHILD'S NAME:** \_\_\_\_\_ **PARISH:** \_\_\_\_\_

**ADDRESS (Street, City, Zip)** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **BIRTH DATE** \_\_\_\_\_

**PARENT/GUARDIAN'S NAME:** \_\_\_\_\_

**HOME PHONE:** (\_\_\_\_) \_\_\_\_\_ **WORK PHONE:** (\_\_\_\_) \_\_\_\_\_

**PERSON(S) (OTHER THAN PARENT/GUARDIAN) TO NOTIFY IN CASE OF EMERGENCY:**

**NAME:** \_\_\_\_\_ **PHONE:** (\_\_\_\_) \_\_\_\_\_

I, the parent/guardian of the above-named child, hereby give my permission for his/her participation in the activity named above. I agree to direct my child to cooperate and conform with the directions and instructions of the parish, school, or Archdiocesan personnel responsible for the activity.

I agree, to the extent permitted by law, that in the event my child is injured as a result of his/her participation in the above-named activity, including but not limited to transportation to and from the activity, whether or not caused by the negligence (active or passive) of the parish/school or Archdiocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit plan of mine or of my spouse.

I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity.

I hereby give permission to the physician selected by the youth activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician.

Further, I hereby waive any and all rights to, or compensation for, any photographs, videotapes, motion pictures, recordings, or any other record of this event or activity which may be made by the Archdiocese/Parish/School/Agency and affiliate organizations.

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**PARENT/GUARDIAN'S SIGNATURE (1):** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT/GUARDIAN'S SIGNATURE (2):** \_\_\_\_\_ **DATE:** \_\_\_\_\_

***Both sides of the form must be completed & signed.***

**THE ARCHDIOCESE OF SAN FRANCISCO**

**WAIVER AND RELEASE FORM  
RELATING TO MINORS**

In consideration of the acceptance of my child's application for participation in the event described herein, I hereby grant permission for my child to participate in the event and, to the extent permitted by law, waive, release, and discharge any and all claims for damages for death, personal injury, loss, or property damage which I may have or which may hereafter accrue to me or my child, as a result of my child's participation in the event or activity described herein, including but not limited to transportation to and from the event or activity, whether or not caused by the negligence (active or passive) of the Archdiocese. This Waiver and Release is intended to release and discharge in advance the promoters, sponsors, officials, leaders and THE ROMAN CATHOLIC ARCHBISHOP OF SAN FRANCISCO, A CORPORATION SOLE, and St. Raymond Parish and their officers, agents, and employees (The Archdiocese) from any and all liability, except for that attributable to willful misconduct, arising out of or connected in any way with my child's participation in:

**St. Raymond Parish Religious Education - Zoom sessions, In-person classes, and other events as announced in published calendar, parent letters, and parish bulletins.**

It is further understood and agreed that this Agreement, Waiver, and Release is to be binding on my heirs and assigns. Also, I hereby attest and verify that my child is physically fit and capable of participation in this event, and further, my child's physical condition for safe participation in this above-described event or activity has been verified by a licensed medical doctor during the last year, and that my child is under the age of 18. I agree to inform my child to abide by the rules established by the promoters, sponsors, officials, or leaders of the event or activity, and to obey the directions given by any of them. Further, I hereby waive any and all rights to, or compensation for, any photographs, videotapes, motion pictures, recordings, or any other record of this event or activity which may be made by the Archdiocese/Parish/Agency and affiliate organizations. Further, I hereby attest that my child's participation in this event or these activities will be conducted on his/her own time and not on his/her employer's time, that this is for his/her own personal benefit, and any injury sustained will not be considered by myself or my heirs or assigns as a work-incurred injury. This Waiver and Release form is signed in order to participate in this event or activity for my child's own personal enjoyment and benefit, and is done so freely with full knowledge of the risks and dangers incident thereto.

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\_\_\_\_\_  
(Signature of Father/Guardian) \_\_\_\_\_ Date

\_\_\_\_\_  
(Signature of Mother/Guardian) \_\_\_\_\_ Date

in case of Emergency: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone Number(s) of Parent(s)/Guardian(s)

**Both sides of the form must be completed & signed.**