st. aloysius catholic church Youth Ministry Permission Form

| Date | | Time | | |
|---|---|------|-------|--|
| Activi | Activity | | | |
| Locati | n | | | |
| Please return this permission slip by: | | | | |
| | | | | |
| | | | | |
| General Release | | | | |
| I, give permission for my child, | | | | |
| to attend the parish trip to | | | on | |
| from to | | | | |
| By granting this permission, I also waive any claims against, and release and hold harmless, St. Aloy sius Church, the Archdiocese of Washington, and any of their employees, volunteers, and representatives, from any harm that occurs to my child during this event. | | | | |
| In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact: | | | | |
| Parent Name | | | Phone | |
| Emergency Contact | | | Phone | |
| Release of Photographic Image | | | | |
| Photographs may be taken at this event. I hereby grant or deny permission to St. Aloysius Church to use the image of my child as marked by my selection(s) below.I deny permission to use my child's image at all. | | | | |
| G G | Grant permission to use my child's image in the following ways (mark all that apply): | | | |
| | Parish Display: I allow my child's image to be used at St. Aloysius Church (e.g. Bulletin Board, Scrapbook). | | | |
| | Promotional Material: I allow my child's image to be used in printed promotional materials (e.g. Flyers, Newsletters) | | | |
| | □ Unrestricted usage: I give unrestricted permission for my child's image to be used in print and digital media (e.g. Parish Website). I agree that these images may be used by St. Aloysius Church for a variety of purposes without further notifying me. I do understand that the child's last name will never be used in conjunction with any digital images. | | | |
| Parent/Guardian Signature Date | | | Date | |