



Saint Francis Catholic

**1010 SLATER ROAD • NEW BRITAIN, CONNECTICUT 06053
TEL: (860) 224-2411 • WWW.SAINTFRANCISCATHOLIC.ORG**

WAIVER:

I, _____, am either an emancipated adult or the parent or guardian of a minor child who will be participating in the St. Francis of Assisi Church High School Faith Formation program. I am fully aware that my own/my child's participation in the program is totally voluntary. In consideration of St. Francis' agreement to permit me/my child to participate in said program, I agree as follows:

I, individually, and on behalf of my minor child, if applicable, and our respective heirs, successors, assigns, and personal representatives, hereby:

1. Release, acquit and forever discharge the St. Francis of Assisi Church and their employees, agents, servants, officers, trustees and representatives, in their official and individual capacities, from any and all liability whatsoever for any and all damages, losses or injuries to persons or property or both which arise out of, during or in connection with me/my child's participation in the Faith Formation program which may be sustained or suffered by me/my child or any person in connection with me/my child's association with, or participation in, activities at, sponsored by, or arising out of my/his/her travel to or from Faith Formation.
2. Agree to indemnify, defend and hold harmless the St. Francis of Assisi Church, Religious/Faith Formation teachers and employees, and their respective employees, agents, servants, officers, trustees and representatives, in their official and individual capacities, from any and all liability, loss or damage they incur or sustain as a result of any claims, demands, actions, causes of action judgments, costs or expenses, including attorney fees, which result from, or arise out of/ relate to me/my child's participation in the Faith Formation program, including my/his/her travel to or from the program. I hereby acknowledge and accept that:
 - A) There are certain risks arising from various activities, including but not limited to bodily injury, that could result from me/my child's participation in Faith Formation. I have knowingly and voluntarily decided to assume the risks of these inherent dangers in consideration of St. Francis' permission to allow me/my minor child to participate in Faith Formation;
 - B) My and, if applicable, my child's, personal property is at my own risk entirely;
 - C) The St. Francis of Assisi Church reserves the right to decline, to accept, or retain me/my child in Faith Formation at any time should my/his/her actions or general behavior impede the operation of the program or the rights or welfare of any person. I understand that I/my child may be required to leave the Faith Formation class with the sole discretion of St. Francis' agents and representatives.

By completing the form, I hereby authorize the St. Francis of Assisi Church to

- a) obtain any necessary medical treatment to myself/my child,
- b) consent to any necessary examination, treatment, or care under the supervision and/or advice of any properly licensed medical professional and
- c) Explicitly authorize the St. Francis of Assisi Church to release medical information about me/my child to any person or entity to whom St. Francis refers me/my child to for medical treatment.

I agree that this agreement is to be construed pursuant to the laws of the State of Connecticut, and is intended to be as broad and inclusive as permitted by law, and if any portion hereof is held invalid, it is agreed that the balance hereof shall continue in full legal force and effect.

I hereby grant to the St. Francis of Assisi Church my consent without reservation to use, assign, convey, reproduce, copyright, publish or sell my/my child's name, voice, image, and/or likeness that arises from my/his/her participation in Faith Formation, whether still or motion pictures, audio or video tape, for promotional, instructional, business or any other lawful purposes, at St. Francis' sole discretion.

I also grant permission for the St. Francis of Assisi Church ministry team to contact my child directly regarding youth ministry events.

In signing this agreement, I hereby acknowledge and represent that I have read this entire document, and that I understand its terms and provisions, also that I understand it affects my legal rights as well as, if applicable, those of my child, that it is a binding agreement, and that I have signed it knowingly and voluntarily.

Signature: _____
(Must be signed by parent/guardian if participant is a minor)

Print Name: _____ Print email address: _____

Date: _____

Print Student's name: _____ School and Grade: _____

Emergency Contact name: _____

Emergency Contact Phone number: _____

Relationship to Student: _____