

EVENT - ADULT AUTHORIZATION

R21

Diocese of Fresno (DOF) and all Entities of the Diocese of Fresno: Permission for an Adult to Participate in a DOF Activity, Release of Liability, and Consent for Emergency Medical Treatment.

TO THE ADULT PARTICIPANT: You must sign this form to attend and participate in any Parish/Diocese of Fresno-sponsored event, activity, or sport.

YOUR NAME	PARISH NAME (IF APPLICABLE) <i>Holy Spirit Church</i>
NAME OF ACTIVITY/EVENT <i>DAY TRIP to San Luis Obispo</i>	CALENDAR YEAR 2021-2022

I am physically fit and capable of participation in this activity. I will follow the rules and instructions of the parish, parish personnel, diocesan personnel, or adult leadership of this activity. I understand that participation in the parish/diocesan sponsored activity involves some risk (including any travel to and from this activity) and that unforeseen events can occur. I am informed and agree that transportation, if involved, may be provided by parents, other private individuals, or commercial operators who are believed to be reliable and insured, but not under the supervision or control of the parish.

In exchange for participating in this voluntary activity, I waive and give up all claims (and the right to file a lawsuit) which I (and my successors, heirs, and assigns) may have against the Parish and Diocese of Fresno. I release and discharge the Parish and Diocese of Fresno from all liability or responsibility for death, illness, personal injury, or property damage arising out of the Parish activity and any transportation involved with the Parish/diocesan activity.

This permission, waiver, release, and consent applies to the Parish named, and to the Diocese of Fresno Education Corporation, The Roman Catholic Bishop of Fresno (a corporate sole), the Diocese of Fresno, all other Diocese of Fresno parishes, all schools, affiliated organizations, and their officers, clergy, agents, and employees.

Field Trip Information:

DESTINATION OF FIELD TRIP: <i>San Luis Obispo</i>	
DEPARTURE DATE AND TIME: <i>October 25 7:00 AM</i>	
ESTIMATED RETURN DATE AND TIME: <i>October 25 6:00 PM</i>	
MODE OF TRANSPORTATION: <i>CHARTER COACH - BEST TOURS + TRAVEL</i>	TRIP FEE (IF APPLICABLE): <i>\$56.00</i>

In the event of an emergency I authorize parish/diocesan personnel or other adult leadership of a parish/diocesan-sponsored event or activity, at my expense, to secure and consent to x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a duly licensed physician, surgeon, or dentist. A copy of this form shall be valid as the original and may be given to the adult leader of the activity.

NAME OF PARTICIPANT:	
PHONE NUMBER DURING THE DAY (BEEPER/CELL PHONE)	
PHONE NUMBER DURING EVENING (BEEPER/CELL PHONE)	
SIGNATURE	DATE
OTHER	

2019-2020

DOCTOR'S AND MEDICAL INFORMATION
DOCTOR'S NAME OR MEDICAL GROUP
DOCTOR'S PHONE NUMBER
INSURANCE COMPANY
INSURANCE POLICY NUMBER
<input type="checkbox"/> No Family Physician Listed
DATE RECEIVED AND BY

EVENT - PHOTOGRAPHY RELEASE AUTHORIZATION

R-30

Release for Diocesan Production for the Diocese of Fresno (DOF) and all Entities for the Diocese of Fresno (DOF)

Parents / Guardians: This form must be completed in order for your child to participate in this event or function. Please respond accordingly to the authorized use of your child's photograph or video image in a DOF produced public-relations document.

NAME OF PARISH OR SCHOOL <i>Holy Spirit Church</i>	NAME OF GROUP <i>DAY TRIP</i>
NAME OF EVENT <i>DAY TRIP TO San Luis OBISPO</i>	DATE OF EVENT <i>October 25</i>

PARTICIPANT AGREEMENT:

I hereby grant the Diocese of Fresno and its entities (hereinafter called Producer), their nominees, designees, and successors full authorization and the absolute right and permission to sell, assign, convey, reproduce, copyright, use or publish photographic reproductions, portraits, or pictures of me, motion picture or video tape pictures of me, or in which I may be included in whole, in part, or in composite, or in which character or form is distorted, in conjunction with my own or any other picture, product, person, name or reproduction, in color or otherwise, made through any media at its studios or elsewhere, for art, advertising, commerce, business or trade, or any other lawful purpose whatsoever.

I hereby waive any right I may have to inspect or approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it may be applied.

I hereby release, discharge and agree to hold harmless PRODUCER, its nominees, designees, or successors, and assignees or others for whom they are acting from any liability of any nature or description by virtue of any use whatsoever, whether intentional or otherwise, or from any change that may occur or be produced in the taking of said picture or pictures, or any processing tending towards the completion of the finished product, unless it can be shown that said use or change is solely for its purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn and indignity.

PRINT NAME OF PARTICIPANT	SIGNATURE OF PARTICIPANT
ADDRESS	
TELEPHONE	EMAIL

PARENT / GUARDIAN AUTHORIZATION FOR A MINOR

If the participant is under 18 years of age, the parent or legal guardian of the above participant must provide the following information and must check one of the following and sign.

- As the parent and/or legal guardian of the above named participant, **I do hereby consent and grant my permission** to all of the foregoing.
- As the parent and/or legal guardian of the above named participant, **I do not give my consent** for my child to be photographed, but I understand that it will be the responsibility of the participant to make every effort possible from participating in any posed pictures. If a picture or pictures are inadvertently taken, then I agree to review the photographs or video within the given time frame in order to identify my child to avoid any reproduction or usage of that image and/or images.

PRINT NAME OF PARENT / GUARDIAN	SIGNATURE OF PARENT / GUARDIAN
SIGNATURE OF WITNESS	DATE