



**FAITH FORMATION/SACRAMENT Waiver and Release  
Form - 2022-2023**

**WAIVERS/AUTHORIZATIONS/RELEASES: Please review  
ALL information carefully**

I \_\_\_\_\_ (printed parent or guardian name) am the parent or legal guardian  
of \_\_\_\_\_.

(Full name of minor/s) ("My Child/ren")

I, grant permission for my child/ren to participate in St. William's 2022-2023 Faith Formation and Sacramental programs. 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(s) ("My Child/ren"). Further, I hereby warrant that to the best of my knowledge, my child/ren is/are in good health and I assume all responsibility for the health of my child/ren.

I agree on behalf of myself, my child/ren named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Williams, its officers, directors, employees and agents, and the Archdiocese of Saint Paul and Minneapolis, its employees and agents, chaperones, or representatives associated with the events 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 events 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency during which I am not present, I give permission for 911 to be called and to transport my above-named child/ren to a hospital for medical treatment. In the event of an emergency, if you are unable to reach me at: \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (other), please contact: \_\_\_\_\_ (Name & relationship) \_\_\_\_\_ (Phone).

**Specific Medical Information:** St. Williams will take reasonable care to see that the following information will be held in confidence.

**Medications (be specific for each child):**

My child is taking medication at present \_\_\_\_\_

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: \_\_\_\_\_

## **SOCIAL MEDIA OR OTHER ELECTRONIC COMMUNICATION INVOLVING MINORS:**

In order to ensure transparency and parental involvement, The Church of St Williams is requesting that parents and guardians provide authorization for St Williams' leaders to electronically communicate with minors via platforms such as Zoom and email. Such communications must comply with applicable Archdiocesan policies, including restrictions on private communications with minors.

I/We grant permission for staff or catechists at St Williams to communicate with My Child/ren electronically. I understand that such communications are for St Williams' parish purposes only and may involve group communications relating to Faith Formation parish activities. Further, I/we understand and authorize that such electronic communications may be made via email, telephone and cell phone, social media, digital networking, and other electronic means. I/We also understand that communications will be accessible or viewable by others who are participating in these activities.

This Social Media or other Electronic Communications Disclosure, Authorizations, and Consent is valid for one year.

If I choose to rescind this authorization and consent, I agree that I will inform St. William in writing and that this rescission will not take effect until it is received by St. William.

**I have read the above Disclosure, Authorizations, and Consent, have had the opportunity to consider their terms, and understand them. I execute this document voluntarily and with knowledge of its significance.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **AUTHORIZATION, CONSENT AND RELEASE FOR USE OF VISUAL LIKENESSES AND ORIGINAL WORKS:**

I grant the following rights to St. Williams 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/ren in the possession of St. Williams;
2. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of My Child/ren 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/ren individually or in conjunction with other images or printed matter on St. Williams and the Archdiocese of Saint Paul and Minneapolis's Internet websites;
4. The right to record, reproduce, amplify, edit, and simulate My Child/ren's image and all sound effects produced;
5. The right to copyright, in the name of St. William and the Archdiocese of Saint Paul and Minneapolis, works that contain the image of My Child/ren;
6. The right to use and publish for general communications, advertising, commercial or publicity purposes, or for any other lawful purpose whatsoever My Child/ren'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/ren will become the property of St. William. 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/ren's image or My Child/ren's original work.

I hereby release, discharge, and agree to indemnify and hold harmless St. William, 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/ren have or may have or may arise by reason of this authorization and from the use of My Child/ren's image and original work, including but not limited to, all claims for libel and invasion of privacy.

This consent regarding My Child/ren'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 St. William in writing and that my rescission will not take effect until it is received by St. William. 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 St. William and the Archdiocese of Saint Paul and Minneapolis have the right to use My Child/ren'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.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_