



Diocese of St. Augustine
Office of Christian Formation

Created for Greatness Program Day

Parent Permission & Release of Liability/Medical & Photo Release

Please print your information:

Full Name _____

Mailing Address _____, FL _____

Phones & E-Mail _____
Home Cell E-mail

Age _____ Date of Birth ____/____/19____ Grade _____

Parish _____ School _____

Parent/Guardian _____ Phone _____
(during event)

Parent/Guardian _____ Phone _____
(during event)

Emergency Contact _____ Phone _____
(other than parent/guardian) (during event)

Emergency Contact _____ Phone _____
(other than parent/guardian) (during event)

Physician Name _____ Physician Phone _____

Current Medical Conditions _____

Medicines needed during event (name & daily dose)
1. _____
2. _____
3. _____

Allergy to Food _____

Allergy to Medicine _____

Allergy, Other _____

Last Tetanus Shot Date Approx. ____/____/20____

Activity Restrictions: _____

Health Insurance _____
Company Group # Policy #

Adult T-shirt size: XS S M L XL XXL

Candidate: I plan to attend the *Created for Greatness* program day (Check Date/Parish):

- SATURDAY, NOVEMBER 12, 2016, 9:00 A.M. – 7:00 P.M., MOST HOLY REDEEMER, JACKSONVILLE**
- SATURDAY, JANUARY 28, 2017, 9:00 A.M. – 7:00 P.M., ST. MADELEINE, HIGH SPRINGS**
- SATURDAY, FEBRUARY 25, 2017, 9:00 A.M. – 7:00 P.M., CHRIST THE KING, JACKSONVILLE**

Candidate's signature _____

*For and in consideration of the above child being allowed to participate in this program, **Created for Greatness program day held at host parish, Saturday 9:00 a.m. through 7:00 p.m.**, and other valuable consideration, the undersigned parent, guardian, or legal representative, on behalf of the child and the child's parents, personal representatives, assigns, heirs and next of kin, do hereby release and hold harmless the Diocese of St. Augustine, Felipe J. Estévez, as Bishop of St. Augustine, a corporation sole, Bishop Felipe J. Estévez, individually, and the above named diocesan entity, all organizers of this program, all volunteers, chaperones, employees and agents of the said parties, their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property of the child, or death, caused by negligence or otherwise, while the said child is engaged in the above program, any activities of the program, and while being transported to and from the program. The undersigned agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. The undersigned parent, guardian or legal representative, further acknowledges that he / she is authorized to enter this Agreement on behalf of the child, and the child's parents, personal representatives, assigns, heirs, and next of kin.*

I understand that this event has been carefully and professionally planned and it is to be held at the host parish for the entire day. I will receive full information regarding regulations and guidelines by mail and will assist in any way possible. I fully expect to be notified if my child is disrespectful or uncooperative. My child's pertinent health information is on the reverse of this form.

I further authorize any representative of this program to obtain medical treatment for my child in the unlikely event of an injury or illness during this program and I agree to pay any expenses incurred for such treatment.

Child Photography Release Form Without compensation, I hereby grant permission to the Catholic Diocese of Saint Augustine to use and reproduce photographs taken of my child. These photographs may be used for news and editorial purposes in publications, electronic reproductions (websites) and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists and the publications or media outlets they represent, as well as the Catholic Diocese of Saint Augustine from all claims and liability relating to said photographs.

- I have read the above and consent to the use of photos of my child being used
- I have read the above and **DO NOT** consent to the use of photos of my child being used

(Parent/Guardian Signature) (Parent /Guardian Name) (Date)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Student Signature (only if 18 years of age): _____

I have included a check for \$25.00 and a completed registration form for each participant.

Office of Christian Formation
11625 Old St. Augustine Road, Jacksonville, FL 32258