



**PHOTO RELEASE**

I, the parent/legal guardian of, \_\_\_\_\_, grant my expressed permission for the St. Edmond Catholic Church to photograph my child while attending classes and/or participating in activities connected to our program.

\_\_\_ Agree \_\_\_ Disagree I give permission for my child's photograph to be taken as per the above referenced activity.

\_\_\_ Agree \_\_\_ Disagree I give permission for pictures of my child in a group setting to be placed on the St. Edmond's website, Instagram account, and/or Facebook page. Please note that no names of minors will be listed with any photographs. By signing this release, I acknowledge that I hereby release and forever discharge St. Edmond Catholic Church and her employees/volunteers from and against all claims, damages or suits which may arise from the use of these pictures taken during the CCD activities.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL RELEASE**

This is to inform you that \_\_\_\_\_ has my permission to attend and participate in all St. Edmond CCD activities on church property. I also understand that some activities may require physical exertion, and I give my child permission to participate in all such activities.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that not all students and volunteers will be wearing face masks and do not hold St. Edmond responsible for any Covid-19 related medical issues that may arise.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**ST. EDMOND CATHOLIC CHURCH MEDICAL CONSENT FORM**

Permission is hereby granted to the person in charge during St. Edmond CCD to call 911 for ambulance and medical assistance for my child, \_\_\_\_\_, if deemed necessary. Every precaution will be taken to prevent an accident or injury, however in the event of accident or illness, I will assume financial responsibility for treatment of the above-named youth and not hold the Diocese of Lafayette, St. Edmond Church and/or the adult volunteers financially liable.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_