Where: Time: Registrat Individual in cha	y, January 31, 2025 Cathedral of the Sa ion Begins at 8:30am Ex rge of your group: Name parish in all fields listed (	cred Heart, 41 vent: Retreat from leader from yourp	4 W. 11th St. 9:00am until 3:00 pm arish and list your own	1
Participant's Name:		Date of Birth:	Male Fer	nale
Parent/Guardian's Name:				
Home Address:		City:	ST: <u>CO</u> ZIP:	
Home/Cell Ph:	Emergency Contact:		Emergency Ph:	
I, Parent or Guardian Na to participate in this parish/s parish/school site. This activ employees and/or volunteer	ime school event that requires t ity will take place under the	ransportation to a lo guidance and direct	Child's Name ocation away from the tion of parish/school	
	Name	of parish/school		
A brief description of the act Type of event:	ivity follows:			
Date(s) of event:		Destination of Event:		
	eparture and return:			

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend \_\_\_\_\_\_, it's officers, directors, employees, and agents and the

Name of Parish/School

**Diocese of Pueblo**, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith and I agree to compensate the parish/school, its officers, directors and agents, and the <u>Diocese of Pueblo</u> its employees and agents and chaperones, or representative associated with the event 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 the parish/school or the <u>Diocese of Pueblo</u>.

Clanature	
Nonathre	-
Signature	٠

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

(<mark>over</mark>)



## PHOTOGRAPH AND VIDEO CONSENT FORM

From time to time, pictures and videos may be taken of your ministry events and gatherings. We would like to be able to use the photographs and videos for flyers, parish and diocesan publications, and the ministry website. Written consent of both the student and parent/guardian is required. Names will not be posted unless written authorization is given by the student and parent/guardian, and then only first names will be used. If there are concerns about pictures or videos posted on the website, please contact the ministry coordinator or webmaster, and they will promptly be removed.

I / We, the parent(s) / guardian(s) of this youth (name)	_, authorize and
give full consent, without limitation or reservation to (parish/school)	<u> </u>
publish any photograph or video in which the above named student appears while part	rticipating in any
program associated with (parish/school)	_ ministry. There
will be no compensation for use of any photograph or video at the time of publication of	r in the future.

Student Signature:	Date:
Parent/Guardian Signature:	Date:
Parent/Guardian Signature:	Date: