

Diocese of Palm Beach Visitor Consent and Release

Name of Participant: _____

Name of Parent/Guardian: _____

Address and Telephone Number:

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) - _____

Emergency Contact Information (include telephone number and address):

Name: _____ Phone: (____) - _____

Address: _____

City: _____ State: _____ Zip: _____

Description of Activity:

I hereby freely and voluntarily consent to participant's participation in the activity described above. I agree to assume all financial responsibility for participation in the activity and hold **[Name of School]**, and its employees, officers, directors, and agents (collectively "School") harmless for all costs incident to participant's participation in this activity.

I do waive and release School from liability for any injury, accident, or damages stemming from any act or omission of any individual associated with participant's participation in the activity. I also release School and agree to indemnify them with regard to any financial obligations incurred by my acts or omissions.

I hereby grant School full authority to take whatever actions they may consider in their sole discretion to be warranted under the circumstances concerning participant's health and safety and I specifically and fully release each of them from any liability for such decisions or actions as may be taken in connection therewith. I authorize School at their discretion, to place participant at my own expense and without further consent, in a hospital that is readily available or to place participant in the hands of a physician or other individual for treatment, should the need arise, at my expense.

I hereby grant to School the right to photograph and/or videotape participant and further to use his/her name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, and promotional materials without any reservation, limitation, or consideration. This waiver specifically releases any common law causes of action or claims under Fla. Stat. 540.08 and expressly constitutes written consent for publication of my name, face, likeness, voice and appearance.

I certify that I am the parent or legal guardian of the participant, and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of this Visitor Consent and Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claims that I may have against School as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the participant, including without limitations any claims arising as a result of participant's leaving the supervision of School. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I hereby join in each and every part of the photograph and/or videotape consent and release and hereby relinquish any claims that I may have against School as set forth above, both in my own behalf and in my capacity as legal representative of participant.

Signature of Parent/Guardian: _____

Name: _____
Please Print

Date: _____