

**PARENT/GUARDIAN MEDIA
CONSENT AND RELEASE FOR
PARISHES**

I, the undersigned Parent/Legal Guardian, hereby give my consent for St. Peter Catholic Church, the Catholic Diocese of Lincoln, any Religious Order within the Catholic Diocese of Lincoln, and any Third-Party Media Outlet approved by the Pastor of the Parish, to record, film, photograph, audiotape, or videotape my below Child(ren)'s name, image, likeness, spoken words, student work, performance or movement, in any form at the parish or a parish-related activity or event (hereinafter collectively referred to as "Parish Works"), and to display, publish, post, reproduce, disseminate, or exhibit these Parish Works or any part thereof in connection with any promotional material, website, social media posting, radio broadcast, television broadcast, or any other media form or format. The Parish, Catholic Diocese of Lincoln, Religious Orders within the Catholic Diocese of Lincoln, and Third-Party Media Outlets approved by the Pastor of the Parish shall be collectively referred to as the "Approved Parties".

I hereby release the Approved Parties, including their respective officers, directors, employees and agents from any and all liability, loss, damage, costs, claims and/or causes of action arising out of or related to the creation, publication, posting, reproduction, dissemination, or distribution of the Parish Works.

I have read this Media Consent and Release and understand its terms. I am a parent or legal guardian of the below listed Child(ren) and have the authority to execute this Consent and Release on behalf of myself and my Child(ren).

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____

CHILD'S NAME	CHILD'S GRADE

OR

I, the undersigned Parent/Guardian, **DO NOT CONSENT** to the above Media Consent and Release.

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____

**St. Peter CCD Program-Emergency Form
(Required annually by the diocese)**

Date: _____

Parent/Guardian Name(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Father's Place of Employment: _____

Phone: _____

Mother's Place of Employment: _____

Phone: _____

Day Care Provider: _____

Phone: _____

Local Physician: _____

Phone: _____

List two neighbors or relatives who will assume temporary care of your child if you cannot be reached:

Name: _____

Phone: _____

Name: _____

Phone: _____

Please list your child's name & indicate any kind of health problem (diabetes, hearing/vision problems, allergies, etc.)

In case of accident or serious illness, I request the school contact me. If the school is unable to reach me, I authorize the school to call the physician indicated and to follow his/her instructions. If it is impossible to contact the physician, the CCD Program may take whatever action is deemed necessary.

Parent Signature: _____

Student's Last Name: _____