

2017 Morning of Service Waiver Form

Emergency Contact Information:

Name: _____ Phone Number: _____

Relationship: _____

PHOTOGRAPHS AND VIDEO RELEASE

I hereby grant permission to the Church of the Immaculate Conception to the rights of my image, likeness and sound of my voice and/or my child's image, likeness and sound of his/her voice as recorded on audio or video tape. I understand that the images may be used in print publication, online publications, presentations, websites, and social media. I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

RELEASE AND WAIVER OF LIABILITY

I hereby release the Church of the Immaculate Conception and the Roman Catholic Diocese of Albany, the volunteers, officers, employees and agents of the Church and sponsors of the event, from any claim, damages, costs or cause of action which I or my heirs have or may in the future have as a result of injuries or damages sustained or incurred by me and/or my child as a result of my participation or my child's participation in the Morning of Service event.

I hereby assume all of the responsibility for any and all risk of injury or property damage or bodily injury that I or my child may sustain while participating in any/all activities associated with the Morning of Service event on November 4, 2017 and if needed, to be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve the Church of the Immaculate Conception and the Roman Catholic Diocese of Albany of any and all responsibility and consequences that may arise as a result of any injury and/or medical treatment. Neither I nor my child currently have any known mental or physical condition that would impair my or my child's ability to participate in the Morning of Service event.

I will not hold the Church of the Immaculate Conception or the Roman Catholic Diocese of Albany, nor the officers, employees and agents and volunteers of the Church and the sponsors of the event, responsible in the event of any loss, personal injury or property damage. Further I agree to accept any and all financial responsibility as a result of any injury and/or medical treatment.

SIGNATURE: _____ **DATE:** _____

SPOUSE'S NAME, if signing for your spouse: _____

CHILDRENS' NAMES, if signing for *your* children (<18): _____
