



## Promotional Media Release

During the Faith Formation Program Year, St. Catherine of Siena may participate in videotape, motion picture, audio recording or still photograph productions that involve the use of students' names, likenesses or voices. Such productions may be used for educational or exhibition purposes by St. Catherine of Siena in perpetuity and may be copied, copyrighted, edited and distributed by St. Catherine of Siena in perpetuity unless said consent is revoked in writing.

News media, including representatives of television, radio, newspapers and magazines, also often are permitted on parish property and may take notes, still, photos, sound recordings and/or moving pictures that may include your child. These items may appear or be used in news or feature stories by print, television or radio media.

You have the right to object to the use of your child's name, picture or voice in these productions and may do so by completing the form below and returning it to the Parish Director of Faith Formation for St. Catherine of Siena.

If you have any questions, please contact the Faith formation office at: 727-531-7721.

(Check Mark One)

I/We, the undersigned,  do /  do not hereby consent that:

St. Catherine of Siena may use the name, portrait, or other likeness of my child for St. Catherine of Siena bulletin boards, Website, news releases, media and promotional activities. This consent is renewed at the beginning of each Faith Formation Program Year.

(complete one for each child)

Student's Name:

Date of Birth:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Father or Legal Guardian's Name (print)

\_\_\_\_\_  
Father or Legal Guardian's Signature \*\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother or Legal Guardian's Name (print)

\_\_\_\_\_  
Mother or Legal Guardian's Signature \*\*

\_\_\_\_\_  
Date

**\*\* Go to [scosparish.org/SIGN](http://scosparish.org/SIGN) to learn how to make an electronic signature.**

**ST CATHERINE OF SIENA CATHOLIC CHURCH**

**Parent/Student Parish Faith Formation Policy Acknowledgement Form**

**ACKNOWLEDGEMENT**

I acknowledge that I have received, read, understand and my child/children and I agree to abide by the Policies contained in the Parent/Student Faith Formation Handbook including the local Parish program policies and procedures, the Harassment Policy in Non-Employment Situations and the Safe-Environment Policies of the Diocese of St. Petersburg. I understand that my child will receive instruction in Safe Environment practices within the regular program class time.

Please sign/print/date as appropriate in the spaces provided.

\_\_\_ I will attend the Parent/Student Safe Environment Education program session as scheduled on the date designated on the Faith Formation/Parish Calendar

\_\_\_ I cannot attend the Parent Safe Environment Education Program, but I wish to receive all materials related to the Safe Environment Parent Education Program

\_\_\_ I cannot attend the Parent Safe Environment Education Program and do not wish to receive the materials related to the program

\_\_\_\_\_  
(Signature) Parent/Guardian\*\*

\_\_\_\_\_  
(Signature) Parent/Guardian\*\*

\_\_\_\_\_  
(Name Printed) Parent/Guardian

\_\_\_\_\_  
(Name Printed) Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parish

**Student Name Printed**  
  
\_\_\_\_\_

**Student Signature [optional]**  
  
\_\_\_\_\_

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**Roman Catholic Diocese of St. Petersburg**  
**PARENTAL/GUARDIAN COVID-19**  
**CONSENT FORM AND LIABILITY WAIVER**

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Participant's name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone : \_\_\_\_\_ Business phone: \_\_\_\_\_

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and as a result, social distancing is recommended. **St. Catherine of Siena** Parish/School will follow state and local standards of conduct and has put in place reasonable preventative measures to reduce the spread of COVID-19 at its Parish/School activity (including but not limited to summer camp). However, even though such standards will be followed and reasonable measures put into place, Parish/School cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Parish/School activity could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and that my child(ren) and I may be exposed to or infected by COVID-19 by participating in the parish/school activity and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at **St. Catherine of Siena** Parish/School may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Parish/School employees, volunteers, and program participants and their families.

Considering the foregoing, however, I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_, to participate in this parish activity that may require transportation to a location away from the parish site, notwithstanding the risks associated with the COVID-19 virus and group activities.

I confirm that there are no necessary changes to the Medical Information Consent form for my child that I previously submitted. If there are any necessary changes, I will complete another Medical Information Consent form.

I further agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to release, indemnify, hold harmless, and defend **St. Catherine of Siena** Parish/School and The Roman Catholic Church of the Diocese of St. Petersburg, their members, directors, officers, employees, agents and representatives ("indemnitees") associated with the event arising from or in connection with the negligent acts or omissions of the indemnitees' in relation to prevention of the spread of the COVID-19 virus. I SPECIFICALLY ACKNOWLEDGE AND AGREE THAT I AM AGREEING TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE INDEMNITEES' FROM THEIR OWN NEGLIGENCE IN REGARD TO THE INDEMNITEES' NEGLIGENCE ACTION AND/OR INACTION IN REGARD TO PROTECTION AGAINST THE COVID-19 VIRUS.

Signature \*\*: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* Go to [scsparish.org/SIGN](https://scsparish.org/SIGN) to learn how to make an electronic signature.**