

RELIGIOUS EDUCATION WAIVERS



ST. JOAN OF ARC CATHOLIC CHURCH

501 S.W. 3rd Avenue
Boca Raton, FL 33432
(561) 391-4345 * Fax (561) 962-6002

CHILD'S NAME: _____



RELEASE AUTHORIZATION FOR USE AND REPRODUCTION OF PHYSICAL LIKENESS

I expressly grant to the Catholic Diocese of Palm Beach, its affiliated entities, agents and employees (hereinafter referred to as "the Diocese"), the right to photograph me and use my name, picture, silhouette and other reproductions of my physical likeness (as they may appear in any still camera photograph, TV commercial, video, website, motion picture film or any other medium of communication) in any promotional materials for the Diocese including but not limited to newsletters, bulletins, calendars, PowerPoint presentations, videos, websites, blogs or social networking pages. I also consent to the reproduction of any recordings of my voice and/or any instrumental, musical or other sound effects produced by me.

I further give the Diocese the ownership rights to all works, acts, plays, and appearances made by me for the Diocese.

I also release the Diocese of any claim of liability or damages that I may assert under Fla. Stat. 540.08, or any other statutory or common law claims, arising from the use or reproduction of my name, voice, likeness or other identifying characteristics.

This permission shall remain in effect unless revoked by me and communicated to the Diocese in writing. I hereby certify that I have read the foregoing and fully understand its contents and intend for it to be legally binding.

this _____ day of _____, 20 _____

Mr./Mrs./Ms _____
Authorized Parent / Guardian Signature

AUTHORIZATION FOR ATTENDANCE TO AGE-APPROPRIATE "SAFE ENVIRONMENTS / PROTECTING GOD'S CHILDREN" PRESENTATION

I expressly grant permission for my child to attend the age-appropriate "Safe Environments" presentation given in compliance and in accordance with guidelines set forth by the Diocese of Palm Beach as part of the Religious Education curriculum.

This permission shall remain in effect unless revoked by me and communicated to the Diocese in writing. I hereby certify that I have read the foregoing and fully understand its contents and intend for it to be legally binding.

Mr./Mrs./Ms _____ Date: _____
Authorized Parent / Guardian Signature

MIDDLE and HIGH SCHOOL ONLY: (6th, 7th, 8th, and High School)

Waiver to allow leaving classroom at the end of class without parent/guardian signature and to pick up/sign out younger siblings:

I, (please print your name) _____

give permission for my child (please print child's name) _____

to leave on his/her own, without parent/guardian signature, at the conclusion of each Religious Education class.

In addition, I give permission to him/her to pick up and sign out the following younger siblings at the end of each class:

Name (please print) _____

Name (please print) _____

Name (please print) _____

I waive my right to sign my child(ren) out at the conclusion of each class for the duration of their enrollment in Religious Education classes.

I understand that St. Joan of Arc catechists, staff and personnel are not responsible for the child(ren)'s safety once he/she/they leave(s) the classroom.

I assume full responsibility for my child(ren)'s actions once the Religious Education classes end.

This permission shall remain in effect unless revoked by me and communicated to the Religious Education Office in writing. I hereby certify that I have read the foregoing and fully understand its contents and intend for it to be legally binding.

Mr./Mrs./Ms _____ Date: _____

Authorized Parent / Guardian Signature

Please note: Only students in 6th - 8th and High School grades will be allowed to leave class with this form. Younger children PK4 - 5th grade must be signed out by parent/guardian or person authorized by the parent/guardian.