



DEO GRATIAS MINISTRIES DETROIT PARENTAL/GUARDIAN CONSENT AND WAIVER FORM

As the minor's parent/guardian, I hereby consent to my child/minor's participation in the volunteer activities at Deo Gratias Ministries Detroit. I, the undersigned, assume all risks which are foreseeable and involved with or may arise out of the minor's participation in volunteer work at Deo Gratias Ministries Detroit including, but not limited to, the negligent and/or willful and wanton acts of others, the criminal and/or intentional acts of others, the omission of an act of another, a defect or condition of the premises, a defect or condition of the concessions provided, or the unavailability of emergency care. I agree to indemnify, hold harmless, waive, and relinquish all claims I may have Deo Gratias Ministries Detroit including any negligence claims on their part and its officers, agents, employees, representatives, or volunteers arising out of, in connection with the transportation to and/or from the event, or any activity my child/minor participates in.

I am not aware of any physical or medical conditions that would interfere with my minor's ability to volunteer. If the minor is injured or becomes ill and neither I nor any other contact identified below can be reached, I give Deo Gratias Ministries Detroit permission to seek medical attention for him/her. As the minor's parent/guardian, I understand that I must accompany the minor in person at the assigned times given by the Volunteer Coordinator at Deo Gratias Ministries Detroit. If I am not available, then I must assign an adult chaperone who would be responsible to accompany, drop off and pick up the minor at Deo Gratias Ministries Detroit. I must notify the Volunteer Coordinator of Deo Gratias Ministries Detroit in writing the full name of the person responsible for accompanying, picking up and dropping off the minor. I also consent that the minor's behavior and actions must comply with Deo Gratias Ministries Detroit's standards and must comply with all the instructions of its representatives. If the minor does not comply, it will result in dismissal of all volunteer duties.

I, the undersigned, give Deo Gratias Ministries Detroit, its ministries, affiliates, and any person acting under its permission and authority, the unqualified right, privilege, and permission to reproduce in every manner or form, publish and circulate video tapes, DVDs, photographs, negatives, and transparencies of the minor and his/her artwork arising out of this Deo Gratias Ministries Detroit sponsored event and activities. Furthermore, I hereby grant and transfer to Deo Gratias Ministries Detroit, all the minor's rights and any interest they may have in the finished video tapes, DVDs, pictures, negatives, reproductions and copies of the original video tapes, DVDs, prints and negatives, and further grant the right to give, sell, transfer, and exhibit the video tapes, DVDs, negatives or prints or copies of facsimiles thereof, to any responsible individual, business firm, publication, or their assignees.

_____ Yes, I give consent for Deo Gratias Ministries Detroit to photograph/video record my child.

_____ No, I do not give consent for Deo Gratias Ministries Detroit to photograph/video record my child.

Seeds of Hope

PROVINCE OF ST. JOSEPH OF THE CAPUCHIN ORDER PARENTAL/GUARDIAN CONSENT AND WAIVER FORM



As the minor's parent/guardian, I hereby consent to my child's participation in the volunteer activities at the Province of St. Joseph of the Capuchin Order. I, the undersigned, assume all risks which are foreseeable and involved with or may arise out of the minor's participation in volunteer work at the Province of St. Joseph of the Capuchin Order, but not limited to, the negligent and or willful and wanton acts of others, the criminal and or intentional acts of others, the omission of an act of another, a defect or condition of the premises, a defect or condition of the concessions provided, or the unavailability of emergency care. I agree to indemnify, hold harmless, waive and relinquish all claims I may have the Province of St. Joseph of the Capuchin Order including any negligence claims on their part and its officers, agents, employees, representatives or volunteers arising out of, in connection with the transportation to and/or from the event, or any activity my child/minor participates in.

I am not aware of any physical or medical conditions that would interfere with my minor's ability to volunteer. If the minor is injured or becomes ill and neither I nor any other contact identified below can be reached, I give the Province of St. Joseph of the Capuchin Order permission to seek medical attention for him/her.

As the minor's parent/guardian, I understand that I must accompany the minor in person at the assigned times given by the coordinator at the Province of St. Joseph of the Capuchin Order ministry. If I am not available, then I must assign an adult chaperone who would be responsible to accompany, drop off and pick up the minor at the Province of St. Joseph of the Capuchin Order ministry. I must notify the coordinator of the Province of St. Joseph of the Capuchin Order ministry in writing the full name of the person responsible for accompanying, picking up and dropping off the minor.

I also consent that the minor's behavior and actions must comply with the Province of St. Joseph of the Capuchin Order standards, and must comply with all the instructions of its representatives. If the minor does not comply, it will result in dismissal of all volunteer duties.

I, the undersigned, give The Province of St. Joseph of the Capuchin Order, its ministries, affiliates, and any person acting under its permission and authority (hereinafter called The Capuchins), the unqualified right, privilege and permission to reproduce in every manner or form, publish and circulate video tapes, DVDs, photographs, negatives and transparencies of the minor and his/her artwork arising out of this Capuchin sponsored event and activities. Furthermore, I hereby grant and transfer to The Province of St. Joseph of the Capuchin Order, all the minor's rights and any interest they may have in the finished video tapes, DVDs, pictures, negatives, reproductions and copies of the original video tapes, DVDs, prints and negatives, and further grant the right to give, sell, transfer, and exhibit the video tapes, DVDs, negatives or prints or copies of facsimiles thereof, to any responsible individual, business firm, publication or their assignees.

- Yes, I give consent for The Province of St. Joseph of the Capuchin Order to photograph/video record my child.
- No, I do not give consent for The Province of St. Joseph of the Capuchin Order to photograph/video record my child.

Minor's Name (Typed or printed): _____

PARENT/GUARDIAN Name (Typed or Printed): _____

SIGNATURE (Parent or Guardian): _____ Date: _____

PARENT/GUARDIAN Contact phone information:

Cell: _____ Work: _____ Home: _____

Emergency Contact:

Name: _____ Relation to the minor: _____ Phone: _____

ALLERGIES AND/OR OTHER COMMENTS: _____