

# The Parish Community of St. Kevin

303 Niagara Street, Welland, ON L3C 1K5 905-735-5885 fax 905-735-0825 [office@stkevin.on.ca](mailto:office@stkevin.on.ca)

## Parish Community of St. Kevin and The Diocese of St. Catharines Consent, Indemnity Form

*Altar Server Appreciation Day on Thursday, July 27<sup>th</sup>, 2017*

*Participants under age 18 must have their parent/guardian  
read the following and sign where indicated below.*

I/We agree to waive, discharge and release the parish of **St. Kevin** and the Diocese of St. Catharines, their servants, agents, staff, affiliates and volunteers, from any and all claims or liability for damages or expenses, howsoever caused, whether by negligence or otherwise, arising directly or indirectly from this event.

I/We hereby agree, to the terms of the above release. In the case of a minor child; should an emergency arise and I cannot be reached I further authorise the project supervisor to act on my behalf to make decisions pertaining to the health, welfare and safety of my child.

I/We have reviewed and agree to the expectations of participants for this event. I/We understand that any infraction of these will result in immediate dismissal at my/our expense.

\_\_\_\_\_

*Print participants name*

\_\_\_\_\_

*Birth Date (month/day/year)*

\_\_\_\_\_

*Participant's signature*

\_\_\_\_\_

*Date*

### **MEDIA WAIVER**

I, the undersigned, do hereby consent to have photographs taken of me/my child for use in any form of media and/or publicity material produced or printed by **Parish Community of St. Kevin** and or the Diocese of St. Catharines or other appropriate partners. The undersigned authorizes the photographer, production company and parish to make reproductions of the photograph(s) to be used by above mentioned parties. The undersigned release and forever discharges the aforementioned parties and the photographer/production company against all actions and all claims.

\_\_\_\_\_

*Participant's signature*

\_\_\_\_\_

*Date*

### **CONSENT BY PARENT/GUARDIAN**

I have read the above Indemnity Form and Media Waiver and agree to the terms.

\_\_\_\_\_

*Signature of Parent/Guardian*

\_\_\_\_\_

*Date*

\_\_\_\_\_

**Please Print**

*Name of Parent/Guardian*

\_\_\_\_\_

*Home Phone #*

\_\_\_\_\_

*Cell Phone #*

\_\_\_\_\_

*Alternate Phone #*

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## Altar Server Appreciation Day!

**Thursday, July 27<sup>th</sup>, 2017**

**4:00p.m. – 5:00p.m.:** Sky Zone St. Catharines Trampoline Park *\*Arrive there for 3:45p.m. please!*  
(333 Ontario Street, St. Catharines – 289.362.3377)

**5:30p.m.:** Pizza Dinner at Boston Pizza *\*Pick up children between 6:30p.m.-7:00p.m. please!*  
(333 Ontario Street, St. Catharines – 905.688.0273)

### Additional Information

Parent Email Address:

\_\_\_\_\_

Child's Food Allergies/Concerns:

\_\_\_\_\_

\_\_\_\_\_

Additional Information:

\_\_\_\_\_

\*Please arrange transportation for your children to and from the planned activities.

**\*Please call the Parish Office at 905.735.5885 to RSVP and submit this completed permission form to the Parish Office in person no later than Monday, July 24<sup>th</sup>.**  
Parish summer office hours are Monday-Thursday 9:00am-4:00pm & Friday 9:00am-3:00pm.

**\*\* Also, please complete the Sky Zone Waiver at <https://stcatharinesstore.skyzone.com/waiver/>**