

Blessed Sacrament CathedralMiddle School – High School Youth Ministry Program

Consent to Treat/Photographic Release Form

Please complete ONE form for all youth participating in Youth Ministry

CONSENT TO TREAT

(Required) I have already completed the online registration for the following minor(s), I attest that their medical information included in the online registration is true and correct, AND I HEREBY GRANT that parish staff and/or volunteer may provide necessary treatment according to the directions given therein.	
Signature of Parent/Guardian Date	
PHOTOGRAPHIC RELEASE (Optional, but recommended)	
I hereby grant to the Diocese of Greensburg, Pennsylvania, and its respect the right and permission, with respect to those photographs taken of me of behalf I am signing, and with respect to any printed or electronic matter is following:	or the minor(s) named below on whose
 To include such photographs on the Diocese of Greensburg website To include such photographs on the Blessed Sacrament Cathedral Website or Youth Ministry Facebook page. To use my name, or the name of the minor(s) on whose behalf I am signing, in connection with the foregoing. 	
I hereby release, discharge and agree to indemnify and hold harmless the representatives, licensees, successor and assigns, from all claims and dem connection with the foregoing, and waive any right to inspect or approve	nands whatsoever arising out of or in
Signature of Parent/Guardian	

I hereby certify that I am the [parent and/or guardian] of the minor (minors) under the age of eighteen years named above, and hereby consent on behalf of said minor(s) to the use of any of the photographs taken of said minor(s) pursuant to the terms set forth in this Photographic Release, including, without limitation, the release, discharge and hold harmless provisions thereof.

Printed Name(s)

Signature of Subject(s) of Photograph

Address (Street; City, State Zip)