

**Parental Permission Form
Boxtopia: Sleep Out for Hunger**

Friday, October 16, 2020

Participant's Name _____

Address _____ City _____ Zip _____

Date of Birth ___/___/___ Sex: _____ Male _____ Female

Check one:

_____ My child will be participating from 7pm -11pm.

_____ My child will be participating from 7pm – 10pm only.

I hereby give permission for my child _____ to participate in the Boxtopia: Sleep Out for Hunger at Immaculate Conception Parish.

As a parent, or legal guardian, I am aware that I remain fully responsible for any legal responsibility which may result from any personal actions taken by my child. I hereby give consent for my child to participate in the event describe above. I understand that this event will take place outside in the parking lot and that my child will be under the supervision of Immaculate Conception Parish Employees and Volunteers, Denise York and Eileen Martin, on the stated date.

I recognize and acknowledge that there are risks in my child’s presence and participation in the Boxtopia: Sleep Out for Hunger on October 16, 2020. I agree to indemnify, hold harmless, waive and relinquish all claims I may have against Immaculate Conception Parish and the Diocese of Buffalo including any negligence claims on their part and its officers, agents, employees, representatives or volunteers arising out of the transportation to and from the event, or in connection with any claims arising out of or caused by any activity my child participates in during the event.

Signature of Parent/Guardian

Date

Image Release

Parents and guardians of Junior High Youth Group participants are advised that photographs or video tape of program participants may be used in publications, web sites, social networking sites, brochures, flyers or other promotional materials produced from time to time by Immaculate Conception Youth Ministry. Participants will not be identified without the specific written consent of parents. Parents or guardians who do not wish their child to be filmed or video taped should notify the Director of Youth Ministry in writing.

By signing below I consent to have my child identified in publications, web sites, brochures, flyers or other promotional material.

Parent Signature: _____

Date: _____