



# ST. PAUL'S CHILDREN'S MINISTRY

ST. PAUL'S EPISCOPAL CHURCH  
P.O. BOX 1190  
FAYETTEVILLE, AR 72702  
(479) 442-7373

## RELEASE FORM 2022 – 23 School Year

Parent / Guardian Name(s)

Child Name(s)

\_\_\_\_\_

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*Initial to indicate your consent to each of the following:*

\_\_\_\_\_ **Liability Release:** I do hereby release, forever discharge, and agree to hold harmless St. Paul's, its employees, volunteers, and agents from any and all liability, claims, demands, causes of action, and possible causes of action arising out of or related to any loss, damage, or accidental injury (including death) that may be sustained by my child while participating in or traveling to St. Paul's programs and events.

\_\_\_\_\_ **Electronic Communication Release:** I give St. Paul's, its employees and designated volunteers permission to communicate directly with my child via email, text message, or phone call and to communicate with my child in a group setting via video conferencing.

\_\_\_\_\_ **Transportation Release:** I give permission for my child to ride in any vehicle designated by St. Paul's, its employees and adult volunteers, while participating in and travelling to and from events. And do hereby release, forever discharge and agree to hold harmless St. Paul's, its employees, volunteers and agents from any and all liability, claims or demands for accidental personal injury in the process of transportation.

\_\_\_\_\_ **Medical Release:** I understand that personal injury can and may occur to my child, and I hereby authorize any member of the St. Paul's staff or designated volunteers to seek and consent to emergency medical attention for my child, and I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

\_\_\_\_\_ **Audio Visual Release:** I give my consent to St. Paul's to film, photograph, or record the participation of my child and I agree that any or all of the material recorded may be used as part of any future productions or publications made by St. Paul's and that such use shall be without payment of fees, royalties, special credit, or other compensation to or for the benefit of me, my child, or any other entity. No photos or recordings to be taken for personal use.

Parent / Guardian Signature

Date

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