



**Ozanam Center**  
*for Service Learning*  
 CONNECT ▪ ENGAGE ▪ GROW



## Release Form for Youth

I, the lawful parent or guardian of \_\_\_\_\_ (the "minor/child"), give permission for my child to participate in the activity planned and implemented by St. Vincent de Paul and release from all liability and indemnify St. Vincent de Paul and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost or expenses, including attorney fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the activity.

I hereby give the Society of St. Vincent de Paul and its partner organizations the absolute right and permission with respect to images taken of my child or in which my child may be included with others:

- A. To copyright the same in the name of the Society of St. Vincent de Paul;
- B. To use, publish, and re-publish the same in whole or part, individually or in conjunction with other images, in any medium and for purposes including but not limited to illustration, promotion, advertising or educating the public about SVDP ministries.

I hereby release and discharge St. Vincent de Paul from any and all claims and demands arising out of or in connection with the use of the images.

Name(s) of Parent(s) or Guardian(s) (please print) \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Parish/Faith Community \_\_\_\_\_

Place of Employment \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (c) \_\_\_\_\_ (h) \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone: (c) \_\_\_\_\_ (h) \_\_\_\_\_

