



PARENTAL CONSENT FORM

Please have your Parent/Guardian complete and sign both pages of this form if you will be under 18 years of age as of the start date of the event(s) or course(s) listed below. Please refer to the event details online regarding any other requirements for minors attending events at St. Therese Institute.

Event(s) or Course(s):	
Dates of Event/Course:	

Full Name of Registrant:			Registrant Age at start date
Contact Information	Street Address	City/Province	Postal Code
	Phone Number(s)		Date of Birth
Medical Information (Please append additional pages if needed.)	Health #	Family Doctor	Phone
	Allergies		
	Illnesses		
	Medications		
Dietary Restrictions			
Full Name(s) of Parent(s)/Guardian(s):			
Parent/Guardian 1 (if different from above)	Street Address	City/Province	Postal Code
	Email	Home Phone	Cell/Work
Parent/Guardian 2 (if different from above)	Street Address	City/Province	Postal Code
	Email	Home Phone	Cell/Work

In the event that I/we are unavailable, I/we designate the following alternate contact(s) to speak for me/us:

Full Name(s):			
Contact Information	Street Address	City/Province	Postal Code
	Email	Home Phone	Cell/Work
Relationship to Child			

I/we grant permission for _____ (name of Registrant) to participate in the indicated event(s) or course(s) ("Event") at St. Therese Institute of Faith and Mission, with the understanding that this Event is conducted and taught at an adult-level, and may include topics and discussion of adult topics, including human sexuality and morality.

EXPECTATIONS: All Registrants are expected to punctually follow the Event schedule. All Registrants are expected to abide by the house rules of no alcohol or recreational drug use (including recreational cannabis), no inappropriate language or music, to respect the designated quiet times, and to respect the privacy of other Registrant's, full-time students' and St. Therese staff's accommodations and personal property.

SLEEPING ARRANGEMENTS: Participants staying overnight may stay in their own private room or with a roommate pre-approved by you and, if applicable, the roommate's parent(s)/guardian(s). You may also request that the Registrant be permitted to stay in the student dorms with a like-gendered full-time student who is a sibling or close friend of the Registrant.

TRAVEL: If the Event requires off-site travel, details will have been indicated in the Event information. Registrants will travel with at least one other Event participant in vehicles operated by St. Therese Staff or senior Third-Year (Apostolic Year) students. For Shuttle pickups from Saskatoon, two Third-Year students will be present.

SUPERVISION: A St. Therese Staff member or senior Third-Year (Apostolic Year) student will be present at all times in the building if any need arises. Registrants aged 16 and younger must be accompanied by a responsible adult chaperone who is also registered for and attending the same Event.

St. Therese Institute requires all employees, volunteers, and students to abide by the *Covenant of Care* protocol as outlined by the Diocese of Saskatoon. For more information, please see the Covenant of Care Safeguarding Protocol for the Diocese of Saskatoon at: <https://www.rcdos.ca/our-diocese/safe-environment/covenant-of-care/>

In signing below, I/we hereby acknowledge that sufficient information has been provided by St. Therese Institute with respect to the planned activities, duration, location, sleeping arrangements, participants and supervision.

I/we assume all risks and hazards incidental to or attendant with my child's participation in the above-named Event.

Should you have any questions, please contact the John Romanowsky, Executive Director, jromanowsky@sttherese.ca / 306-369-2555 x101.

Name of Parent/Guardian 1 (Printed)

Name of Parent/Guardian 2 (Printed)

Signature of Parent/Guardian 1

Signature of Parent/Guardian 2

Date (day/month/year)

Date (day/month/year)



Please return completed form, ATTN: EVENT REGISTRATION, by mail, email or fax (see contact info at the bottom of this page), or when you arrive for the Event.



CONSENT FORM for PHOTOGRAPHY and VIDEO



I, the undersigned, hereby consent to the collection and use of photographs and video footage at St. Therese Institute of Faith and Mission (STI) of *my child(ren), or myself, or others named below for whom I have the right to sign on their behalf*, for the purpose of promoting STI and its events and programming, across any mediums used by STI including online and in print.

Event/ Program: _____

Date(s): _____

Name(s) of event participant(s) – Please print:

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

X

Signature of Participant / Legal or appointed Guardian(s)

Date

This **consent may be cancelled** at any time by providing written notice to St. Therese Institute of Faith and Mission.

St. Therese Institute - Photo & Video Consent Form.docx r4