



Young People on the Journey

Name _____

Address _____ Zip _____

Student's E-mail Address _____

Would you like to receive QUEST Class updates via e-mail? _____

Home Phone Number _____ Student's Cell Phone Number _____

School Grade September '18 _____

Age _____ Date of Birth _____

Baptized? _____ Receives Communion? _____

Names of Parents _____

Parents' E-mail Addresses _____

Parents' Cell Phone Numbers _____ and _____

Food Allergies/Avoidances _____

Are you interested in helping with QUEST such as organizing events, helping in class, donating materials, etc.? I'm interested in: _____

Is there anything special we should know about your child? _____

(Over)

We want to work together with you! As you encourage your child's religious education and spiritual development at home, are there key themes or concepts you are working to address? If so, please list:

MULTIMEDIA RELEASE FORM

I hereby authorize Holy Spirit Episcopal Church to take film, video and/or still pictures and sound recordings of me/my child/my family without restriction during Church Events for inclusion in multimedia projects.

I also agree that such pictures and sound recordings may be used by Holy Spirit Episcopal Church for promotional purposes and to share the event produced on the World Wide Web, but that no part of these materials containing the likeness or voice of me/my child/my family will be used for commercial broadcast or rebroadcast purposes without my expressed written permission.

I hereby grant and assign to Holy Spirit Episcopal Church all rights, titles and interest to my performance and appearance. This is a complete and full release of all claims, whether legal or equitable, in connection with said performance and program. This release is intended to bind all of my heirs, legal representatives and successors.

I enter into this release with the understanding that it is without monetary reimbursement to me. I have read this release form thoroughly and understand all of its terms. I execute it voluntarily and irrevocable.

Date: _____ Signature of Participant: _____

Date: _____ Signature of Parent/Guardian: _____

Printed Participant Name: _____

Printed Parent/Guardian Name: _____