



## **2026 FISH FRY STUDENT VOLUNTEER WAIVER FORM**

Please fill out the following form for your child(ren). This form **must** be turned in and on file in order for your child(ren) to volunteer at the Good Shepherd Fish Fry events. Your child(ren) may bring the form to the Fish Fry event, or you may email the form to Kimberly Scanish at [kscanish@thegoodshep.org](mailto:kscanish@thegoodshep.org).

### **STUDENT INFORMATION**

STUDENT NAME	SCHOOL ATTENDING	GRADE LEVEL

### **EMERGENCY CONTACT/ PICK-UP PERSON INFORMATION**

I authorize the following person(s) to pick up my child(ren) from Good Shepherd Parish Fish Fry event.

NAME	RELATIONSHIP TO CHILD	CELL NUMBER

### **Hold Harmless Agreement:**

My child(ren) will be volunteering at the Good Shepherd Parish Fish Fry events. I understand that this program will take place on the church campus grounds and that my child(ren) will be under the supervision of the designated Fish Fry personnel throughout the Lenten Season. I hereby agree on behalf of the named student(s) in this document and their parents or legal guardians, to waive any claims for liability against Good Shepherd Parish or the Diocese of Harrisburg which may arise from the participation of the named student(s) in the Fish Fry events.

- ☐ Agree
- ☐ Disagree

## Permission for Media Release:

We are proud of the many great accomplishments that happen here at Good Shepherd Parish and we want to be able to share these great moments with you! By signing this release, you grant us permission to photograph and/or video your child(ren) during the Fish Fry events, and to use those photos and videos on our parish website, Facebook page, print publications, and future Fish Fry promotion. The majority of the photos and videos taken are in either small or large groups, and we DO NOT publish students' names in order to protect their privacy. We are sensitive to your needs and to the privacy rights of them and will respect your decision either way. This release will continue in effect for the 2026 Fish Fry Lenten Season year unless Good Shepherd Parish receives written notice to terminate the release.

- ☐ I give permission for Good Shepherd Parish or local media to interview and/or take photographs, slides, movies or videotapes. This includes any picture on social media (Facebook, Twitter, Good Shepherd webpage, etc...)
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## Emergency Medical Authorization:

In case of accident or serious illness, I request Good Shepherd Parish to contact me or one of the designates on this form. If this cannot be done, I authorize the Good Shepherd Health Ministry Team to evaluate my child(ren) and provide medical services and recommendations as necessary. I realize Good Shepherd Parish does not assume responsibility for the payment of medical expenses.

- ☐ If my child(ren) needs emergency medical treatment, I give the hospital its authorized personnel and/or physician permission to treat my son/daughter as necessary.
- ☐ I do NOT give my consent for emergency medical treatment of my child(ren). In the event of illness or injury requiring medical treatment, I wish the event staff authorities to take no action or to:

## PARENT ATTESTATION

<b>PARENT/GUARDIAN NAME</b>	
<b>EMAIL ADDRESS</b>	
<b>CELL NUMBER</b>	

- ☐ I certify that the above information is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_