

[NAME OF PARISH]
MINOR PERMISSION & RELEASE AGREEMENT

Student Name: _____	Birth Date: _____
Address: _____	City/State/Zip: _____
Parent / Guardian Name: _____	Cell Phone: _____
Work Phone: _____	Home Phone: _____
Parent / Guardian Email Address: _____	

I hereby grant permission for the above-referenced child (“Child”) to participate in any and all activities associated with the ***[Name of Program]*** (collectively, the “Program”) sponsored by ***[Legal Name of Parish]*** (“Parish”) from **[Date]** to **[Date]**.

In consideration of the opportunity for my Child to participate in the Program, I knowingly and voluntarily on behalf of myself and my Child do hereby agree to forever RELEASE, HOLD HARMLESS, AND INDEMNIFY Parish and the Archdiocese of Baltimore and each of its affiliate organizations, agents, governing board, departments, employees, officers, directors, volunteers, officials, representatives, agents, insurers, and other participants (collectively, the “Archdiocese of Baltimore”) to the fullest extent permitted by law from any and all liability, claims, demands, and causes of action, including claims of negligence, arising out of or relating to any loss, damage, or injury (including death) sustained in connection with or arising out of my Child’s participation in the Program, including any and all actions taken by the Parish and the Archdiocese of Baltimore pursuant to this Permission & Release Agreement.

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization (WHO). Medical knowledge regarding COVID-19 continues to evolve, but COVID-19 is reported to be extremely contagious and is believed to spread through person-to-person contact and/or contact with contaminated surfaces and objects, possibly even in the air. The exact methods for spread, contraction, and infection are unknown and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and/or death.

By my signature below, I understand and acknowledge the above warning regarding COVID-19 and that my Child’s participation in the Program may involve risk of exposure to, contraction of, or infection by COVID-19 as well as other unrelated minor or serious injury, including permanent disability, death, and/or economic losses that may result from my Child’s actions or inactions, the actions or inactions of others, and the inherent risks of the Program. I understand and acknowledge that the Program may involve indoor and outdoor activities, including but not limited to exposure to sun and other elements, and changing environmental conditions due to inclement weather, lightning, wind, or temperature. I fully understand, appreciate, and hereby assume all such known and unknown dangers and risks related to my Child’s participation and I voluntarily elect to allow my Child to participate in the Program.

I understand that my Child’s participation in the Program may require a minimum level of fitness for safe participation, and that the Parish and the Archdiocese of Baltimore do not screen, medically or otherwise, individuals that participate in the Program. I acknowledge that it is my sole responsibility to make certain that my child is physically fit and healthy enough to participate in the Program. I confirm that my Child does not have an elevated temperature and has not otherwise exhibited any symptoms related to COVID-19 as identified by the Centers for Disease Control and Prevention (CDC). In the case of a health emergency or need of urgent healthcare involving my Child, after a reasonable effort has been made to contact me (or if the urgency of the circumstances does not allow for an effort to contact me), I authorize and consent to any medical care deemed necessary for the health and safety of my Child.

I hereby authorize the Parish and the Archdiocese of Baltimore to take photographs and video recordings of my Child in connection with my Child's participation in the Program. I acknowledge and agree that photographs or videos of participants in the Program, including my Child, may be used and published for educational and promotional purposes, including, for example, such purposes as publications, website or social media content, or other print or electronic materials produced from time to time by the Parish or the Archdiocese of Baltimore. (Participants will not be identified by name, however, without specific written consent.) I agree that if I do not wish my Child to be photographed or videotaped, I will notify the Parish in writing. I understand that the Parish and the Archdiocese have no control over the use of photographs or film taken by media that may cover the Program in which my Child participates.

I hereby grant permission to any Program staff member or volunteer to provide the following over-the-counter drugs (or their generic equivalent) to my Child if requested by my Child during the Program, in accordance with dosage instructions provided on the corresponding drug's packaging (check all that apply):

- Tylenol/Acetaminophen Benadryl Diphenhydramine Advil/ Ibuprofen
 Imodium/ Antidiarrheal Neosporin/Antibody Ointment Pepto Bismol

The following emergency contact(s) have permission to pick up my Child and to make decisions regarding my Child on my behalf if the Parish or the Archdiocese of Baltimore is unable to reach me:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

If any provision or provisions of this Permission & Release Agreement are determined to be invalid or unenforceable, either in whole or in part, the parties agree that the invalid or unenforceable provision will be modified to the minimum extent necessary to render it valid and enforceable, so that the rights and obligations of the parties to this Permission Form are preserved to the fullest extent permitted by law.

I CERTIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE ABOVE-NAMED CHILD, HAVE READ THE FOREGOING PERMISSION & RELEASE AGREEMENT, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY, WILLINGLY, AND VOLUNTARILY.

X _____
Signature of Parent/Guardian

Date of Signature

(MUST check one of the following)

- My Child is covered by hospitalization and medical insurance under policy number _____ issued by _____.
- My Child is NOT covered by hospitalization and medical insurance and I assume responsibility for the cost of hospitalization and medical care for my student.

INCLUDE AND EXPLAIN any other information concerning allergies, illness, dietary restrictions, etc.:

