**[NAME OF PROGRAM]**

**WAIVER & RELEASE AGREEMENT FOR MINOR PARTICIPANT**

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby elect to grant permission for my minor Child to participate in any and all activities associated with **[NAME OF PROGRAM]** facilitated by **[SPONSORING PARISH(ES)]**, whether on Parish premises or at off-site locationsfrom **[DATES]** (collectively, the “Activities”). In consideration of the opportunity for my minor Child to participate in the Activities, I knowingly and voluntarily on behalf of myself and my minor Child do hereby agree to forever RELEASE, HOLD HARMLESS, AND INDEMNIFY **[SPONSORING PARISH(ES)]** and the Roman Catholic Archbishop of Baltimore, a Corporation Sole (the “Archdiocese of Baltimore”) and each of their affiliate organizations, agents, governing board, departments, employees, officers, directors, volunteers, officials, representatives, agents, insurers, students, and other participants in the Activities (collectively, the “Released Parties”) 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 illness or death) sustained in connection with or arising out of my minor Child’s participation in the Activities, including any and all actions taken by the Released Parties pursuant to this Waiver & Release Agreement. I voluntarily assume full responsibility for any risk of loss or property damage that may be sustained by me as a result of my participation in the Activities.

By my signature below, I understand and acknowledge that my minor Child’s participation in the Activities may involve risk of minor or serious injury, including due to transmission of communicable disease or illness or physical contact with others during the Activities, permanent disability, death, and/or economic losses that may result from my minor Child’s actions or inactions, the actions or inactions of others, including other participants in the Activities, and the inherent risks of the Activities. I further understand and acknowledge that the Activities may involve risks related to travel by various means of transportation, working with hand and/or power tools and swimming and other outdoor activities, including but not limited to exposure to water, sun, and other natural elements, and changing environmental conditions due to inclement weather, changing currents, lightning, wind, or temperature. I fully understand, appreciate, and hereby assume all such known and unknown dangers and risks related to my minor Child’s participation in the Activities, including any and all actions taken by the Released Parties pursuant to this Waiver & Release Agreement, on behalf of my minor Child and I voluntarily elect to allow my minor Child to participate in the Activities.

I understand and acknowledge that my minor Child’s participation in the Activities may require a minimum level of fitness for safe participation, and [**SPONSORING PARISH(ES)**] and the Archdiocese of Baltimore do not screen, medically or otherwise, individuals that participate in the **[NAME OF PROGRAM]**. I acknowledge that it is my sole responsibility to make certain that my minor Child is physically fit and healthy enough to participate in the Activities. By participating in the Activities, I confirm that my minor 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, after a reasonable effort has been made to contact me (or if the urgency of the circumstances does not allow for an attempt to contact me), I authorize and consent to any medical care deemed necessary for my minor Child’s health and safety during the Activities.

**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(ES)] or the Archdiocese of Baltimore is unable to contact me:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(**MUST** check one of the following)

🞎 My minor Child is covered by hospitalization and medical insurance under policy number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ issued by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

🞎 My minor Child is NOT covered by hospitalization and medical insurance and I assume responsibility for the cost of hospitalization and medical care for my minor Child.

I hereby grant permission to any Parish or Archdiocesan staff member or volunteer to provide the following over-the-counter drugs (or their generic equivalent) to my minor Child if requested by my minor Child during the Activities, 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/Antibiotic Ointment 🞎 Pepto Bismol 🞎 Aquaphor, Eucerin

🞎 Antacid Tablets/Tums 🞎 Anti-Itch Lotion/Cream (Hydrocortisone, Calamine) 🞎 Cough Drops

Include any other information of which the [School OR Parish] and the Archdiocese of Baltimore should be aware regarding any medical condition or needs (including allergies, dietary restrictions, medication, etc.) of your child during the Activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize **[SPONSORING PARISH(ES)]** and the Archdiocese of Baltimore to take photographs and audio and video recordings of my minor Child in connection with my minor Child’s participation in the Activities. I acknowledge and agree that photographs or recordings of participants in the Activities, including my minor 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. (Participants will not be identified by name, however, without specific written consent.) I agree that if I do not wish for my minor Child to be photographed or recorded, I will notify the Archdiocese of Baltimore in writing. I understand that **[SPONSORING PARISH(ES)]** and the Archdiocese of Baltimore have no control over the use of photographs or recordings taken by others or media that may cover the Activities in which my minor Child participates.

If any provision or provisions of this Waiver & 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 Waiver & Release Agreement are preserved to the fullest extent permitted by law.

**I CERTIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE ABOVE-NAMED MINOR CHILD, HAVE READ THE FOREGOING WAIVER & RELEASE AGREEMENT AND ANY ACCOMPANYING ATTACHMENTS, 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

**I acknowledge, understand, and agree to all of the terms of this Waiver & Release Agreement.**

**X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Minor Child Date of Signature