

**ST ANN, HAGERSTOWN, ROMAN CATHOLIC CONGEGATION, INC.  
PERMISSION & RELEASE AGREEMENT FOR MINOR PARTICIPANT**

**(PLEASE PRINT)**

Youth Name: \_\_\_\_\_ Birth Date \_\_\_\_\_ Male/Female (**circle**)

Parents /Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Parents E-mail Address: \_\_\_\_\_ Parents cell: \_\_\_\_\_

School attending (2020-2021) \_\_\_\_\_ Grade \_\_\_\_\_

Church attending \_\_\_\_\_

I hereby grant permission for my minor Child to participate in any and all activities associated with **ST ANN CHURCH** facilitated by **ST ANN, HAGERSTOWN, ROMAN CATHOLIC CONGREGATION, INC.** (the “Parish”), whether on Parish premises or at off-site locations from **7/1/2020 TO 6/30/2021** (collectively, the “Activities”). In consideration of the opportunity for my Child to participate in the Activities, I knowingly and voluntarily on behalf of myself and my Child do hereby agree to forever **RELEASE, HOLD HARMLESS, AND INDEMNIFY ST ANN, HAGERSTOWN, ROMAN CATHOLIC CONGREGATION, INC.** and the Archdiocese of Baltimore and each of its affiliate organizations, agents, governing board, departments, employees, officers, directors, volunteers, officials, representatives, agents, insurers, students, and other participants in the Activities (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 illness or death) sustained in connection with or arising out of my participation in the Activities, including any and all actions taken by the Parish or the Archdiocese of Baltimore pursuant to this Permission & Release Agreement.

By my signature below, I understand and acknowledge that my Child’s participation in the Activities may involve risk of minor or serious injury, including illness, 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 Activities. I further understand and acknowledge that the Activities may involve 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 on behalf of my Child and I voluntarily elect to allow my Child to participate in the Activities.

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

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 Child if requested by my 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/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 contact me:**

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

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

I acknowledge and agree that photographs or videotape of participants of the Activities, including my child, may be used in publications, websites or other materials produced from time to time by St. Ann Roman Catholic Church or by the Division of Youth and Young Adult Ministry 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 Youth Ministry Office in writing. I understand that the Youth Ministry Office staff has no control over the use of photographs or film taken by media that may be covering the event in which my child participates.

If any provision or provisions of this 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 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 CHILD, HAVE READ THE FOREGOING PERMISSION & 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

\_\_\_\_\_  
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.

ADD any other medical information concerning allergies, illness, challenges, etc.:

\_\_\_\_\_

\_\_\_\_\_

ADD any dietary restrictions: \_\_\_\_\_

\_\_\_\_\_