

**ARCHDIOCESE OF BALTIMORE
DIVISION OF EVANGELIZATION**

320 Cathedral Street
Baltimore, Maryland 21201

TO: Parents (Legal Guardians)

Date: _____

FROM: St. Mark Catholic Church (the "Parish")

Administrator: Barbara Austin

Re: Vacation Bible School Permission & Release Agreement

Your child has the opportunity to participate in a voluntary vacation bible school experience at St. Mark Catholic Church.

VACATION BIBLE SCHOOL SCHEDULE

DATES: _____

TIME: _____

RETURN TIME: _____

COST PER CHILD: _____

DRESS REQUIREMENTS: _____

ACTIVITIES THAT WILL OCCUR DURING THE VACATION BIBLE SCHOOL: Dancing, singing, crafts, snacks, etc.

(All vacation bible school travel and activities are referred to hereafter as, the "Activities").

PARISH CONTACT/EMERGENCY NUMBER to contact Parish during vacation bible school: 443-981-3187 _

This vacation bible school experience is entirely voluntary and may represent additional risks, including those associated with transportation to and from the events. Therefore, it is required that you, as parent or legal guardian, give written permission for your child to participate in this activity, and that you accept the risks associated with this vacation bible school experience by signing and returning this Permission & Release Agreement no later than June 23, 2023.

If your child does not return the signed Permission & Release Agreement he/she will not be able to participate in the vacation bible school experience.

Permission & Release Agreement

This Archdiocesan form must be returned to the office before a child may participate in the vacation bible school.

I hereby give my express permission as parent/legal guardian for my Child, (please print) _____, to participate in the Activities described above.

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 the Parish 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 child's 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, including travel to and from 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 affirm that I have had the opportunity to ask questions and have received all information about the Activities I feel necessary to assume the risks associated with 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. I understand that my Child's participation in the Activities may also result in a greater risk of exposure to or contraction of COVID-19. By allowing my Child to participate in the Activities, I confirm that my Child does not have an elevated temperature, has not tested positive for COVID-19, has not been in direct contact in the last 14 days with someone infected with COVID-19, 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. If my child is not covered by hospitalization and medical insurance, I assume responsibility for the cost of hospitalization and medical care for my child.

I hereby authorize the Archdiocese to take photographs and video recordings of my Child in connection with my Child's participation in the Activities. I acknowledge and agree that photographs or videos of participants in the Activities, 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 Archdiocese. (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 above-named Administrator in writing.

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.

Signature Parent/Legal Guardian: _____ **Date:** _____

Parent/Legal Guardian phone number on day of trip: _____

ADDITIONAL INFORMATION:

OTHER EMERGENCY CONTACTS (*include cell phone numbers*): _____

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