

**PARENT/GUARDIAN LIABILITY WAIVER AND CONSENT**  
**FORM**

Participant's name: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_  
Parent/Guardian's name: \_\_\_\_\_  
Home address: \_\_\_\_\_  
Home phone : \_\_\_\_\_ Business phone: \_\_\_\_\_

Type of activity/event: Catholic summer program ("Event")

Location \_\_\_\_\_

Dates: \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_  
Parent or guardian's name Child's name  
to participate in this activity or event. This activity will take place under the guidance and direction of parish or school employees and/or volunteers from  
\_\_\_\_\_  
Name of Parish or School ("parish")

In consideration of the services provided at the Event, I, Parent, on behalf of myself, my child named herein, my spouse, and our heirs, successors, and assigns, acknowledge and agree to the following:

**RESPONSIBILITY**

- 1) As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor ("participant").
- 2) By signing below, I certify that I have legal responsibility for the above-named participant.

**CORONAVIRUS; ASSUMPTION OF RISKS**

- 3) The parish has implemented precautions, based upon available guidance from public health agencies, to minimize risks to participants; however, activities at this Event make it impossible to consistently ensure physical distancing of 6 feet or more or otherwise eliminate all risks to participants. My child's participation in the Event may therefore include possible exposure to infectious diseases (including, but not limited to, COVID-19) and the risk of serious illness or death.
- 4) I knowingly and freely assume all such risks and assume all responsibility for my child's participation.
- 5) My child will comply with the parish's terms and conditions for participation in the Event as set forth by the parish and as may be updated from time to time in its discretion, including to conform with governmental requirements and/or CDC guidance. This includes, but is not limited to, face coverings for youth age 9 and older and daily

temperature checks. Noncompliance may result in my child being removed from participation and prohibited from returning to the Event, with no refund being issued.

## **INDEMNIFICATION**

- 6) I will hold harmless and defend \_\_\_\_\_ Parish and the Archdiocese of Washington, along with their officers, directors, employees, agents, volunteers, chaperones, and representatives, from any claim arising from or in connection with my child attending the Event or in connection with any illness or injury (including Coronavirus and/or death) or cost of medical treatment in connection therewith, and I agree to compensate the Archdiocese of Washington, and its officers, directors, employees, agents, volunteers, chaperones, and representatives, for expenses and reasonable attorneys' fees which may be incurred in any action brought against any or all of them as a result of such injury or damage.

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

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Family Health  
Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Other Medical Treatment:** In the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of Washington, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

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

**Medications:** My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows: \_\_\_\_\_

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

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life threatening and emergency treatment is required.

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

I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

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

**Specific Medical Information:** The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Does child have a medically prescribed diet? \_\_\_\_\_ Any physical limitations? \_\_\_\_\_

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting? \_\_\_\_\_

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, list date and disease or condition: \_\_\_\_\_

You should be aware of these special medical conditions of my child: \_\_\_\_\_

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