

ST. MICHAEL CATHOLIC CHURCH POPLAR SPRINGS
VACATION BIBLE SCHOOL 2025
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 grant permission for my minor Child to participate in any and all activities associated with **VACATION BIBLE SCHOOL 2025** facilitated by **ST. MICHAEL CATHOLIC CHURCH POPLAR SPRINGS (the “Parish”)**, whether on the **“Parish”** premises or at off-site locations from **JULY 28, 2025 to AUGUST 1, 2025** (collectively, the **“Activities”**). **I have also reviewed and understand the accompanying description provided by the “Parish” describing the Activities in further detail.** 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 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 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 my Child or any loss or damage to property owned by me or my Child as a result of my Child’s participation in the Activities.

In allowing my Child to participate in the Activities, I understand and agree that all policies and rules of the **“Parish”** and the Archdiocese of Baltimore apply to my Child and me during the Activities and that I will ensure that my Child and I comply with all such policies and rules. Further, I understand and agree that my Child and I are representatives of the **“Parish”** and the Archdiocese of Baltimore throughout the duration of the Activities and must exercise proper behavior and conduct as such. I understand and agree that the **“Parish”** reserves the right to exclude any participant from the Activities for failure to comply with such policies and rules or otherwise exhibiting inappropriate conduct as determined by the **“Parish”** or the Archdiocese of Baltimore in its sole discretion. I acknowledge and agree that I am responsible for paying for any and all damages to the facilities or equipment of the **“Parish”** and the Archdiocese caused by any negligent, reckless, or willful actions on my Child’s or my part.

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 by the Released Parties for my Child’s health and safety during the Activities.

(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.

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: _____

When provided by the “**Parish**”, I hereby grant permission to any “**Parish**” or Archdiocesan coach, athletic trainer, 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

I understand and agree that my Child will not be permitted to carry medication, whether over-the-counter drugs or otherwise, on my Child’s person during the Activities without prior notice to and approval from **BETH HOGG, COORDINATOR OF CHILDREN’S FAITH FORMATION** I further understand and agree that should my Child require

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:

certain medication during the Activities, I must complete and submit the Permission to Give Medication in Child Care Form to **BETH HOGG, COORDINATOR OF CHILDREN’S FAITH FORMATION** prior to the start of the Activities.

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 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 “**Parish**” and 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 **BETH HOGG, COORDINATOR OF CHILDREN’S FAITH FORMATION** in writing. I understand that the “**Parish**” and the Archdiocese of Baltimore have no control over the use of photographs or videos taken of the Activities by media or others.

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 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/Legal Guardian Printed Name Date of Signature

X _____
Signature of Minor Participant Printed Name Date of Signature