

**ARCHDIOCESE OF BALTIMORE
DEPARTMENT OF EVANGELIZATION**

320 Cathedral Street
Baltimore, Maryland 21201

TO: Parents (Legal Guardians)

Date: July 1, 2024

FROM: Church of the Resurrection

Administrator: Fr. Andrew Aaron

Re: Faith Formation Program Permission and Waiver Agreement

Your child has the opportunity to participate in a voluntary faith formation experience as follows:

PROGRAM LOCATION: Church of the Resurrection, Ellicott City, MD

DAY OF THE WEEK: Sunday

TIME: 2:30PM-4:00PM

DATES: Please see calendar

PARISH CONTACT/EMERGENCY NUMBER to contact Parish during program: *(parish cell phone # will be listed unless otherwise indicated)* Susan M. Yost-410-465-1670

This faith formation program is entirely voluntary. Participation requires that you, as parent or legal guardian, give written permission for your child to participate in this activity and accept risks associated with this program by signing and returning this Permission and Waiver Agreement no later than September 16, 2024. **If the signed Permission and Waiver Agreement is not received, your child will not be able to participate in the faith formation program.**

Permission and Waiver Agreement

I hereby give my express permission as parent/legal guardian for my Child, _____ (print your child's name), to participate in the faith formation program referenced above.

I understand and acknowledge that my Child's participation in the program may involve risk of injury that may result from my Child's actions or inactions, the actions or inactions of others, and the inherent risks of the program (including but not limited to outdoor components of the program, exposure to sun and other elements, and changing environmental conditions due to inclement weather). I acknowledge that my Child's participation in the program may also result in a greater risk of exposure to or contraction of COVID-19 or other infectious disease. Although proof of immunization is not required to participate in this program, if your Child is not immunized, he/she is considered at risk for the disease or diseases against which vaccination offers protection. Vaccine preventable diseases still exist, and especially can spread quickly in group settings, such as a religious education program like this one. If an outbreak of the disease against which an individual has not been fully vaccinated occurs during a religious education program, that individual's risk of contracting the disease and suffering an adverse outcome increases significantly. I understand that my Child's participation in the program may require a minimum level of fitness for safe participation, and neither the Parish nor the Archdiocese of Baltimore ("Archdiocese") screens, medically or physically, individuals that participate in the program. I acknowledge that it is my sole responsibility to make certain that my Child is physically fit and healthy enough in every way to participate in the program. On behalf of my Child and myself, I fully understand, appreciate, and hereby assume all known and unknown dangers and risks related to my Faith Formation Permission Slip
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Child's participation in the program and voluntarily elect to allow my Child to participate in the program. In consideration of the opportunity for my Child to participate in the program, I further 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, including their agents, volunteers, and employees, to the fullest extent permitted by law from all liability or claims arising out of my Child's participation in the program in any way, including all actions taken pursuant to this Agreement.

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 program. 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 Parish and the Archdiocese to take photographs, video, and audio recordings of my Child in connection with my Child's participation in the program. I acknowledge and agree that photographs, video, or audio of participants in the program, including my Child, may be used and published for educational and promotional purposes, including, for example, publications, website or social media content, or other print or electronic materials produced from time to time by the Parish or 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, videotaped, or audiotaped, I must notify the above-named Parish Administrator in writing.

This Agreement contains the entire understanding of the parties regarding this subject matter, and all communications regarding the issues addressed in this Agreement are hereby merged with and superseded by this Agreement. If any part of this Agreement is found to be invalid, such finding shall not impact any other part of this Agreement.

I CERTIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE ABOVE-NAMED CHILD, HAVE READ THE FOREGOING AGREEMENT, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

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

Parent/Legal Guardian phone number: _____

ADDITIONAL INFORMATION:

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

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

