ST. JOHN THE EVANGELIST/ ST. JOSEPH ON CARROLLTON MANOR
YOUTH GROUP
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 **Youth Group** facilitated by **St. John the Evangelist/St. Joseph on Carrollton Manor "Parish"**, whether on **"Parish"** premises or at off-site locations, including transportation to and from such locations, from **August 1, 2026 t**o **July 31, 2027** (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.

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 due to transmission of communicable disease or illness and physical contact with other participants in the Activities, such as concussion or other head injury, permanent disability, death, and/or economic losses that may result from my Child's actions or inactions, the actions or inactions of others, including other participants in the Activities, and the inherent risks of the Activities. I further understand and acknowledge that the Activities may involve risks related to travel by various means of transportation and outdoor activities, including but not limited to exposure to sun, heat, 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 in the Activities, including any and all actions taken by the Released Parties pursuant to this Waiver & Release Agreement, as well as transportation to and from the Activities, and athletic participation generally on behalf of my Child, and I voluntarily elect to allow my Child to participate in the Activities.

I understand and acknowledge that my Child's participation in the Activities may require a certain level of fitness for safe participation, especially due to the strenuous nature of athletic participation, and the **"Parish"** and the Archdiocese of Baltimore does 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.

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 **Mrs. Amy Spessard or her staff**. I further understand and agree that should my Child require certain medication during the Activities, I must complete and submit the Permission to Give Medication in Child Care Form to **Mrs. Amy Spessard or her staff** prior to the start of the Activities.

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:

_____
_____
_____
_____
_____

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 **Mrs. Amy Spessard or her staff** 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 ACCOMAPNYING 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