

QUO VADIS DAYS PERMISSION & RELEASE AGREEMENT

Student Name: _____	Birth Date: _____
Address: _____	City/State/Zip: _____
Parent/Guardian Name: _____	Cell Phone: _____
Work Phone: _____	Email: _____

I hereby grant permission for the above-referenced participant ("Student") to participate in any and all activities associated with **Quo Vadis Days** at parish locations in the Archdiocese of Baltimore (**St. John the Evangelist, Severna Park (September 25, 2022), St. Louis, Clarksville (October 30), St. Mark, Fallston (November 20), Church of the Nativity, Timonium (February 26), St. John the Evangelist, Frederick (March 12), Sacred Heart, Glyndon (April 16)**) facilitated by **The Office of Vocations of the Archdiocese of Baltimore.**

In consideration of the opportunity for my "Student" 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 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 participation in the Activities, including any and all actions taken by the Parish or the Archdiocese of Baltimore pursuant to this Permission & Release Agreement.

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization (WHO). Medical knowledge regarding COVID-19 continues to evolve, but COVID-19 is known to be extremely contagious and spreads through breathing in airborne particles from an infected person, or exposure to these particles through person-to-person contact or surface contamination. People infected with the virus can show no symptoms and therefore spread the disease. Even when precautions are taken to lessen the spread of COVID-19, they cannot entirely prevent transmission of COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and/or death.

By my signature below, I understand and voluntarily assume the risk that my "Student" may acquire COVID-19 by attending **Quo Vadis Days**, and that COVID-19 may subsequently be transmitted by my "Student" to other members of my household. I also understand and acknowledge that **Quo Vadis Days** may result in other unrelated minor or serious injuries to my Student, including permanent disability, death, and/or economic losses that may result from my "Student"'s actions or inactions, the actions or inactions of others, and the inherent risks of **Quo Vadis Days**. I understand and acknowledge that the **Quo Vadis Days** involve indoor and 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 "Student"'s participation and I voluntarily elect to allow my "Student" to participate in **Quo Vadis Days**.

I understand that my "Student"'s participation in **Quo Vadis Days** may require a minimum level of fitness for safe participation, and that the Archdiocese of Baltimore does not screen, medically or otherwise, individuals that participate in **Quo Vadis Days**. I acknowledge that it is my sole responsibility to make certain that my "Student" is physically fit and

healthy enough to participate in the Summer Program. I confirm that my "Student" does not have an elevated temperature and has not otherwise exhibited any symptoms related to COVID-19 as identified by the Centers for Disease Control and Prevention (CDC). I agree to notify the **Quo Vadis Days** staff immediately if my Student develops a fever or other symptoms of COVID-19 or tests positive for COVID-19, and understand that my "Student" will not be able to further participate in the **Quo Vadis Days**. In the case of a health emergency or need of urgent healthcare involving my Student, after a reasonable effort has been made to contact me (or if the urgency of the circumstances does not allow for an effort to contact me), I authorize and consent to any medical care deemed necessary for the health and safety of my "Student".

I hereby authorize the Archdiocese of Baltimore to take photographs and video recordings of my "Student" in connection with my "Student"'s participation in **Quo Vadis Days**. I acknowledge and agree that photographs or videos of participants in **Quo Vadis Days**, including my "Student", 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 of Baltimore. (Participants will not be identified by name, however, without specific written consent.) I agree that if I do not wish my "Student" to be photographed or videotaped, I will notify the Archdiocese of Baltimore in writing. I understand that the Archdiocese has no control over the use of photographs or film taken by media that may cover **Quo Vadis Days** in which my "Student" participates.

I hereby grant permission to any **Quo Vadis Day** staff member or volunteer to provide the following over-the-counter drugs (or their generic equivalent) to my Student if requested by my Student during the Summer Program, 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

The following emergency contact(s) have permission to pick up my Student and to make decisions regarding my Student on my behalf if the Archdiocese of Baltimore is unable to reach me:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

I CERTIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE ABOVE-NAMED "STUDENT", HAVE READ THE FOREGOING PERMISSION & RELEASE AGREEMENT, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY, WILLINGLY, AND VOLUNTARILY.

X _____
Signature of Parent/Guardian

Date of Signature