



## Generic Youth Permission Slip

**Nature of Activity:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Duration:** \_\_\_\_\_

### RELEASE OF LIABILITY, INDEMNIFICATION AGREEMENT & MEDICAL RELEASE

I grant permission for my child to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify Annunciation Parish/School and the Archdiocese of St. Paul/Minneapolis from any claims brought against Annunciation Parish/School/Archdiocese of St. Paul/Minneapolis by myself, my child or others that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by Annunciation Parish/School and Archdiocese in defense of such a claim/lawsuit.

**EMERGENCY MEDICAL TREATMENT:** In the event that my child should require medical treatment and is not able to communicate to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered. Please advise the doctors that my child has the following allergies and/or other health conditions:

\_\_\_\_\_

**In case of an emergency and for permission for treatment beyond emergency procedures, please contact:**

Name: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Night time phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Insurance ID Number: \_\_\_\_\_ Insurance Policy Number: \_\_\_\_\_

**I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS. I UNDERSTAND I ASSUME ALL RISK INHERENT IN THIS ACTIVITY. I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THESE PROVISIONS.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Assumption of the Risk and Waiver of Liability  
Relating to Minors  
Coronavirus/COVID-19**

Coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

**The Church/School of Annunciation Parish, Minneapolis (the “Parish”)** has put in place measures to reduce the spread of COVID-19. However, the Parish **cannot guarantee** that your child(ren) or other volunteers or staff will not become infected with COVID-19. Further, **attending an event at the Parish could increase** the risk of contracting COVID-19 for you and your child(ren).

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By signing this Assumption of Risk and Wavier of Liability document, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) listed below (“Child(ren)”) may be exposed to or infected by COVID-19 by attending or participating in events or programs at the Parish and that such exposure or infection may result in personal injury, illness, permanent disability or death. I further understand that the risk of me or my Child(ren) becoming exposed to or infected by COVID-19 at the Parish may result from the actions, omissions, or negligence of the Parish or others, including, but not limited to, Parish employees, volunteers, and guests.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself and my child(ren) including, but not limited to, personal injury, disability or death, damage, liability, or expense of any kind, that I or my Child(ren) may experience or incur in connection with their attendance at events or programs at the Parish (“**Claims**”). I hereby release, covenant not to sue, discharge, and hold harmless the Parish, its directors, officers, employees, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, or costs of any kind arising out of or relating thereto that me or my child(ren) may suffer. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Parish, its directors, officers, employees, and representatives, whether a COVID-19 infection occurs before, during, or after my child(ren)’s attendance of events or program at the Parish.

**I have read and agree to all of the terms of this Assumption of Risk and Waiver of Liability Document**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Full Name(s) of Child(ren)