



**ADULT LIABILITY ACKNOWLEDGEMENT**

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

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

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

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

I, \_\_\_\_\_, agree on behalf of myself, my heirs, assigns,  
Print Full Name

executors, and personal representatives, to hold harmless, and defend the **Church of the Annunciation and Catholic School** the Archdiocese of Saint Paul and Minneapolis, its officers, directors, agents, employees and representatives (“Releasees”) associated with the Activity from any all liability claims, injury, loss and damage arising from or in connection with my participation in the Activity.

Further, I AGREE to hold Releasees harmless and indemnify Releasees for any claim or cause of action whatsoever arising out of the above Activity which takes place during the above identified dates that is brought against Releasees by myself or my family members, heirs, assigns, executors and personal representatives.

I UNDERSTAND that participation in the described activity involves danger and risk of injury. The inherent danger is understood and voluntarily assumed.

**EMERGENCY MEDICAL TREATMENT:** In the event that I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered. Please advise the doctors that I have 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 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 of Annunciation, Minneapolis** (the “Parish”) has put in place measures to reduce the spread of COVID-19. However, the Parish cannot guarantee that you 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.

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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 I may be exposed to or infected by COVID-19 by attending or participating in an event 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 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 including, but not limited to, personal injury, disability or death, liability, or expense of any kind, that I may experience or incur in connection with my attendance at events at the Parish (“Claims”). On my behalf, 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, actions, damages, or costs of any kind arising out of or relating thereto. 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 attendance of an event 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 Number