

# PARENTAL GUARDIAN CONSENT FORM AND LIABILITY WAIVER



ADAPTED FOR MINORS TO VOLUNTEER DURING THE COVID-19 OUTBREAK

## PARTICIPANT INFORMATION

Youth Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Home or Other: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## CONSENT AND LIABILITY WAIVER

I, as parent or guardian of my child, do hereby agree to allow my child to participate in the following ministry of \_\_\_\_\_ ("Parish"):

**Ministry Description:** \_\_\_\_\_

**Method of Transportation Involved:**  Bus  Chaperone Person Vehicle  No Transportation Required

I acknowledge the method of transport used for this ministry and assume the risk of this transportation for my child. My child must comply with the Parish's rules and procedures. In consideration of the Parish allowing my child to participate in the event/activity, I also waive any claims against, and RELEASE AND HOLD HARMLESS AND INDEMNIFY, the Diocese of Jefferson City, the Parish and any of its and/or their religious, employees, volunteers, agents and representatives from any liability, claims, demands and causes of action and claims arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my child's participation in the event/activity, including transporting my child to and from the event/activity.

\_\_\_\_\_  
**Parent/Guardian Signature**

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

## IN CONSIDERATION OF PARTICIPATING IN VOLUNTEER ACTIVITIES RELATED TO COVID-19, I AGREE:

1. To the best of my knowledge, my child is suitable to participate in the Volunteer Activities. In particular, I know of nothing in my child's background that would have exposed him/her to COVID-19, nor is he/she experiencing symptoms that may be associated with COVID-19. I further understand that if I believe my child has been exposed to COVID-19, or is experiencing symptoms associated with COVID-19, he/she shall immediately cease engaging in Volunteer Activities and I shall notify the Pastor of the Parish.
2. I understand that if my child has any medical condition that may be affected by Volunteer Activities, I will seek a medical consult for my child prior to him/her participating in the Volunteer Activities and I agree, on behalf of my child, that he/she will follow the advice of their doctor regarding whether they may participate in the Volunteer Activities and whether there are any conditions or limitations to such participation. If there are conditions or limitations, I will communicate this to the Pastor of the Parish.
3. I understand that, as with any physical activity and with volunteering to serve others during this COVID-19 pandemic, there is a risk of sickness, injury or death to my child and I accept this risk on behalf of my child. More specifically, I understand that through the Volunteer Activities, my child could be exposed to COVID-19. Knowing this, I agree to hold harmless the Parish, the Diocese of Jefferson City and its and their respective officers, directors, members, employees, agents and those for whom my child provides Volunteer Services from any and all damages my child may incur arising out of participating in the Volunteer Activities or en route to or from the destination where the Volunteer Activities are located or pursuant to providing Volunteer Activities.

IN SIGNING THIS PARENTAL GUARDIAN CONSENT FORM AND LIABILITY WAIVER, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing agreement, understand all its provisions, and sign it voluntarily as my own free act and deed. I warrant that no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made.

\_\_\_\_\_  
**Parent/Guardian Signature**

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