

**BREAKFAST CLUB**  
**June 10, June 24, July 1, July 22, August 19**  
**Field Trip Parental Consent Form & Indemnity Agreement**

Student/Participant Name: \_\_\_\_\_

Parish/School: \_\_\_\_\_ City: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex (circle one): Male/Female

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

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Event: June 10, June 24, July 1, July 22, August 19 Type of Field Trip: Breakfast Club @ Church of St. Michael

Destination: Church of St. Michael Individual in Charge: Sydney Gordon

Time of Departure: 8:30 AM Time of Return: 10:30 AM Mode of Transportation: Parents transport

I, \_\_\_\_\_, grant permission for \_\_\_\_\_  
Parent or Guardian Name Child Name

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 hold Church of St. Michael and Archdiocese harmless from any and all claims resulting in my child's participation in this event. I further agree to indemnify Church of St. Michael and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against Church of St. Michael and 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 and for any harm my child incurs by reason of their participation in the above described event. I also agree to pay reasonable attorney's fees or expenses incurred by Church of St. Michael and the Archdiocese in defense of such a claim/suit.

**Use of Image:** I grant permission to Church of St. Michael and Archdiocese of Saint Paul and Minneapolis to use and publish for advertising, commercial or publicity purposes, the name and likeness of my child, or for any other lawful purpose whatsoever, including photographic portraits, pictures, reproductions, or audio or video recordings, made through any medium, including electronic media, and the undersigned parent/guardian does hereby release Church of St. Michael and the Archdiocese of Saint Paul and Minneapolis or anyone authorized by Church of St. Michael and the Archdiocese of Saint Paul and Minneapolis with such use. This authorization and consent permits such use to associate my child's name with the likeness for such purposes provided such use is consistent with the acceptable use policy for electronic communications and other policies.

**Emergency Medical Treatment:** In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact

\_\_\_\_\_  
Name Phone Number

***Medical Information***

Medication my child is taking at present: \_\_\_\_\_

Allergies: \_\_\_\_\_

Family Health Plan carrier number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

\_\_\_\_\_  
Signature Date

# Church of St. Michael, Farmington, MN

## 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 of St. Michael, Farmington (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**

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Signature

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Date

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Print Name

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Address

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Phone

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

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