

Dear Work Camp Participant,

During these times of the novel coronavirus, we here at Saint John the Evangelist Roman Catholic Church in Columbia, MD have been actively planning and working toward offering in-person ministries and activities. As permissible and consistent with applicable public health restrictions and guidance, we are continuing to resume some of our Parish ministries and programs. We also continue to remain committed whenever possible to offering our ministries and activities to those who cannot participate in person via remote offerings.

Although challenges created by the coronavirus continue to develop and change almost daily and much remains uncertain, we are certain of the following:

1. The health, safety, and welfare of every member of the Parish community is our highest priority.
2. 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 reported to be extremely contagious and is believed to spread through person-to-person contact and/or contact with contaminated surfaces and objects, possibly even in the air. The exact methods for spread, contraction, and infection are unknown and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and/or death.
3. The measures we take to protect the community from COVID-19 will continue to be informed by the most up-to-date advice from federal, state, and local public health officials.
4. Even with the precautions and measures we implement, no one, including the Parish, can guarantee an environment without risk of the spread of COVID-19. It is simply not possible to do so. For more information about the nature of the virus, please visit <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.
5. In addition, minimizing the risk of COVID-19 spread or spread of any other disease is a shared responsibility. All members of the Parish community, including your minor child participant in our ministries and/or programs, must do their part. In addition to basic hand hygiene (frequent washing and sanitizing) and respiratory etiquette (not coughing into one's hand or in close proximity to others), this includes adhering to any measures that the Parish may deem appropriate, such as temperature checks, social distancing, wearing cloth face coverings, isolating or quarantining away from the Parish when required, and other precautionary measures. Your and your child's compliance are necessary not only for your own safety and the safety of your minor child but also for the safety of others. Participants should not report to Parish programs or activities if they have a fever or are exhibiting symptoms of COVID-19. For more information about symptoms, please visit <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.
6. If your child has any disability you think may require accommodations related to COVID-19 or if your child, because of underlying medical conditions, may be at increased risk, you should

contact the Parish to discuss further. Please contact [Name of Contact] by calling [Phone Number] or e-mailing [E-mail Address].

7. If your minor child returns to the physical Parish campus and participates in the Work Camp, there is an inherent risk that your child could be exposed to and contract COVID-19. By allowing your child to enter the Parish campus and participate in the Work Camp, you indicate your acknowledgement of and agreement to accept and assume this risk on behalf of your minor child.

In the meantime, we encourage everyone to stay safe and pray for those affected by this worldwide pandemic. We kindly ask that you sign and date where provided to indicate your understanding and acknowledgement of the contents of this letter. In signing below, you merely acknowledge that you have received and reviewed this document and that you understand the inherent risks associated with COVID-19 while being present on the Parish campus and participating in the Work Camp.

Sincerely,

**D. Scott Miller
Youth and Young Adult Minister
Saint John the Evangelist**

By my signature below, I acknowledge I have received the above warnings regarding the risks to my minor child of exposure to and contraction of COVID-19 while my minor child is present on Parish property and/or while participating in Parish activities and ministries at off-site locations. I further acknowledge and agree that by allowing my minor child to be present on Parish property and participate in the Work Camp, I have assumed those risks on behalf of my child.

Name (printed)

Signature

Date

Youth Permission Form & Medical Release
[Name of Program]
[Due Date- Optional]
PERMISSION & RELEASE AGREEMENT FOR MINOR PARTICIPANT

Participant Name: _____ Date of Birth: _____

Address: _____ City/State/Zip: _____

Email Address: _____ Cell Phone: _____

Parent/Guardian: _____ Cell Phone: _____

Email Address: _____ Work Phone: _____

I hereby grant permission for my minor Child to participate in any and all activities associated with Appalachia Service Project facilitated by St John the Evangelist Roman Catholic and St. John United, whether on Parish premises or at off-site locations from July 18 to 25 (collectively, the "Activities"). In consideration of the opportunity for my Child 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 St John the Evangelist Roman Catholic and St. John United, and 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.

By my signature below, I understand and acknowledge that my Child's participation in the Work Camp may involve risk of minor or serious injury, including illness, permanent disability, death, and/or economic losses that may result from my Child's actions or inactions, the actions or inactions of others, and the inherent risks of the Activities. I further understand and acknowledge that the Work Camp may involve working with hand and/or power tools and swimming and other outdoor activities, including but not limited to exposure to water, sun, and other natural elements, and changing environmental conditions due to inclement weather, changing currents, lightning, wind, or temperature. I fully understand, appreciate, and hereby assume all such known and unknown dangers and risks related to my Child's participation on behalf of my Child and I voluntarily elect to allow my Child to participate in the Activities.

I understand that my Child's participation in the Work Camp may require a minimum level of fitness for safe participation, and the Archdiocese of Baltimore does not screen, medically or otherwise, individuals that participate in the **Appalachia Service Project**. I acknowledge that it is my sole responsibility to make certain that my Child is physically fit and healthy enough to participate in the

Activities. By allowing my Child to participate in the Activities, I confirm that my Child 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). In the case of a health emergency or need of urgent healthcare, after a reasonable effort has been made to contact me and any below-named emergency contact(s) (or if the urgency of the circumstances does not allow for an attempt to contact me or any below-named emergency contact(s)), I authorize and consent to any medical care deemed necessary for my Child's health and safety during the Work Camp.

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

I hereby grant permission to any Parish or Archdiocesan staff member or volunteer to provide the following over-the-counter drugs (or their generic equivalent) to my Child if requested by my Child during the Activities, in accordance with dosage instructions provided on the corresponding drug's packaging (check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Tylenol/Acetaminophen | <input type="checkbox"/> Benadryl Diphenhydramine | <input type="checkbox"/> Advil/ Ibuprofen |
| <input type="checkbox"/> Imodium/ Antidiarrheal | <input type="checkbox"/> Neosporin/Antibody Ointment | <input type="checkbox"/> Pepto Bismol |

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

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

If any provision or provisions of this Release Agreement are determined to be invalid or unenforceable, either in whole or in part, the parties agree that the invalid or unenforceable provision will be modified to the minimum extent necessary to render it valid and enforceable, so that the rights and obligations of the parties to this Release Agreement are preserved to the fullest extent permitted by law.

I CERTIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE ABOVE-NAMED MINOR CHILD, HAVE READ THE FOREGOING PERMISSION & RELEASE AGREEMENT AND ANY ACCOMPANYING ATTACHMENTS, 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

I acknowledge, understand, and agree to all of the terms of this Permission Form and Release Agreement.

X _____
Signature of Minor Child

Date of Signature

(**MUST** check one of the following)

- My Child is covered by hospitalization and medical insurance under policy number _____ issued by _____.
- My Child is NOT covered by hospitalization and medical insurance and I assume responsibility for the cost of hospitalization and medical care for my Child.

INCLUDE AND EXPLAIN any other information concerning allergies, illness, dietary restrictions, etc.:
