

FIELD TRIP
PARENTAL CONSENT FORM & INDEMNITY AGREEMENT
For High School NET Retreat September 22nd, 2021

Student/Participant's name: _____
Date of birth: _____ Gender: _____
Parent/Guardian's name: _____
Home address: _____
Home phone: _____ Business phone: _____

A brief description of the activity follows:

Type of event: High School NET Retreat Date of event: Wednesday, September 22nd 6-9:30pm
Destination of event: Divine Mercy Catholic Church 139 Mercy Drive, Faribault, MN Student Cost: Free
Individual in charge: Nick Weiers/Anna Blessing Estimated time of departure: n/a
Estimated time of return: n.a Mode of transportation to & from event: Parents will dropoff/pickup

I, _____ grant permission for my child, _____,
Printed Parent or guardian's name Printed Child's name
to participate in this parish/school event that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from Divine Mercy Catholic Church/NET Ministries.

I understand and agree that as parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("student/participant"). Further, I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Divine Mercy Catholic Church/NET Ministries, its officers, directors, employees and agents, and the Archdiocese of Saint Paul and Minneapolis, its employees and agents, chaperones, or representatives associated with the event and activities (hereinafter "Releasees"), from any claim, including but not limited to all claims relating to communicable disease, arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate Releasees for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of Releasees.

Signature: _____ Date: _____

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: _____ Phone: _____

Specific Medical Information: The parish/school will take reasonable care to see that the following information will be held in confidence.

Medications: My child is taking medication at present. My child will bring all such medications necessary and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows: _____

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations - Date of last tetanus/diphtheria immunization: _____

You should be aware of these special medical conditions of my child: _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

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

Signature: _____ Date: _____

Novel Coronavirus Acknowledgement & Assumption of Risk

Divine Mercy Catholic Church and School

I acknowledge and understand, the novel coronavirus, COVID-19 has been declared a worldwide pandemic by the World Health Organization. Further, that COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. I also acknowledge, that federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited or limited the congregation of groups of people.

I agree, represent and warrant that neither the undersigned, nor any registered participant child(ren) shall visit or utilize the facilities, programs, activities, or services of Divine Mercy Catholic Church and School within 14 days after (1) returning from outside the United States, (2) exposure to any person returning from outside the United States, or (3) exposure to any person who has a suspected or confirmed case of COVID-19.

I hereby agree, represent and warrant that neither the undersigned nor any registered participant child(ren) shall visit or utilize the facilities, programs, activities, or services of Divine Mercy Catholic Church and School if he or she (1) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or (2) has suspected or diagnosed/confirmed case of COVID-19. The undersigned agrees to notify Divine Mercy Catholic Church and School immediately if any of the foregoing access or use restrictions may apply.

Divine Mercy Catholic Church and School has put in place preventative measures to reduce the spread of COVID-19. I agree to comply with measures that Divine Mercy Catholic Church and School may require to best protect against the introduction of viruses at Divine Mercy Catholic Church and School, including, but not limited to, hygiene practices and temperature screening, related to myself and/or my child(ren). Divine Mercy Catholic Church and School cannot guarantee that I or my child(ren) will not become infected with COVID-19. I understand and agree that attending Divine Mercy Catholic Church and School could increase my risk and my child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by participating in programs of or attending Divine Mercy Catholic Church and School and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Divine Mercy Catholic Church and School may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Divine Mercy Catholic Church and School employees, volunteers, and program participants and their families.

Parent/Guardian Signature

Date: _____

Parent/Guardian Name (printed) _____

Child(ren) Full Name(s)