

PARENTAL CONSENT AND WAIVER / RELEASE FORM FOR 2022

This Agreement is executed this \_\_\_\_\_ day of \_\_\_\_\_, 2022 by and between the parents of \_\_\_\_\_, a minor (hereinafter referred to as the undersigned) and the Cathedral Church of the Advent, its employees, agents and volunteers, hereinafter referred to as "The Advent."

WHEREAS, The Advent sponsors various activities for minors under the auspices of its Advent VBS Program including, but not limited to, recreational activities which take place over the course of VBS, and

WHEREAS, The Advent provides and/or arranges transportation for the minors in order for them to participate in said activities, and

WHEREAS, it is cumbersome and inefficient for The Advent to obtain a separate parental consent and release form for each separate activity engaged in by said minors, and

WHEREAS, from time to time, the need for medical care for a minor may arise during the course of his or her participation in said activities, and

WHEREAS, the parties acknowledge the possibility that a minor participating in an Advent VBS event may be injured;

NOW, THEREFORE, in consideration of The Advent permitting said minor to participate in the Advent VBS programs, and for other good and valuable consideration, the undersigned, as parents of said minor, do hereby agree and acknowledge as follows:

1. Said minor has permission to attend and participate in any activity officially sponsored by "The Advent VBS" during the week of **June 6-9, 2022**. Such permission extends to each and every activity whether described herein or not.
2. The undersigned does also hereby give permission for our (my) child (4<sup>th</sup> and 5<sup>th</sup> grade only) to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in the aforementioned activities.
3. **The undersigned authorizes The Advent and any adult in whose care our (my) child has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to my child under the general or special supervision and on the advice of any licensed physician or dentist, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital. Attempts will be made, whenever possible and practicable, to reach you at the numbers listed below before such treatment is given.**
4. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to our (my) child pursuant to this authorization.
5. If the undersigned's minor child should suffer an injury or illness as a result of or arising out of any activity sponsored by the Advent VBS including, but not limited to, injuries occurring as a result of transportation activities, the undersigned, for ourselves and for our minor child, do hereby release, absolve and discharge The Advent of and from all liability, claims, demands, causes of action and possible causes of action whatsoever, arising out of or related to any loss, damage or injury (including death) that may be sustained by the undersigned's minor child while engaged in or en route to or from any of said activities from any cause, including the negligence of any of the parties released herein with the sole exception that this release does not apply to intentional or wanton misconduct causing injury (or death).
6. The undersigned hereby warrants that the following information is accurate:  
Hospital Insurance Yes \_\_\_\_\_ No \_\_\_\_\_ Policy Number \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Emergency Phone Numbers \_\_\_\_\_
7. The undersigned further warrants that the minor child referred to herein either has no allergies or special medical problem unless noted on the back of this form.
8. The undersigned acknowledges that the Diocese of Alabama strictly prohibits sexual misconduct of any type by any ordained person or church worker (including volunteers). The undersigned warrants that if they have reason or cause for complaint against any adult regarding sexual misconduct at any event sponsored by the Advent VBS the undersigned will notify the Rev. Canon R. Craig Smalley (205-443-8569) or the office of the Rt. Rev. Glenda S. Curry, Ph.D, Bishop of Alabama (205-715-2060) immediately.
9. The undersigned authorizes The Advent and its representatives to sign parental consent forms in the place of a parent or guardian in the event that the child's parent or guardian is not available to do so.
10. Media Release: I release my child(ren)'s photograph, video and first name for use by The Cathedral Church of the Advent in printed material and/or social media.

In signing this Parental Consent and Waiver/Release Form this \_\_\_\_\_ day of \_\_\_\_\_, 2022, I warrant that I have read and understand the above agreement and that we sign it voluntarily and as an inducement for The Advent to allow said minor to participate in Advent VBS activities.

Signature of Parent/Guardian: \_\_\_\_\_