

ST. MARK Catholic Church
9970 Vale Rd. Vienna, VA 22181

Please read and
sign this form

Dates: Saturday, March 16, 2024; **Time:** 8 am – 11 am

Activity: WorkCamp Fundraising Mulch Spreading Day(s)

Permission Form

Participant's Name: _____ Gender: _____

Address: _____ Phone: _____

City, State, Zip: _____ School: _____

Parent(s) Name(s): _____

Parent's cell/emergency contact phone number(s): _____

Participant's Commitment:

I hereby make a personal commitment to abide by the standards of conduct established by ST. MARK Catholic Church and its representatives.

_____, Signature of Participant

Parental Permission / Consent / Liability Release:

As parent/legal guardian of the participant named above, I (we) do hereby give my (our) permission for him or her to participate fully in the event described above. I (we) do for myself (ourselves) and for and on behalf of my (our) child (referred to here as "participant") do release, forever discharge and agree to hold harmless ST. MARK Catholic Church, its directors, employees, and agents thereof from any and all liability, claims, and demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned or the participant resulting from said participant's involvement in the above described event (including transportation between the participant's home, ST. MARK Catholic Church, and the event location). Furthermore, I (we) on behalf of the participant hereby assume all risk of personal injury, sickness, death, damage, and expenses resulting from said participant's involvement in the above described event. Further, authorization and permission are hereby given to ST. MARK Catholic Church, its directors, employees, and agents thereof to furnish any necessary transportation, food, or lodging for the participant while he or she is involved in the above described event. I (we) hereby authorize ST. MARK Catholic Church, its directors, employees, and agents thereof to admit the participant to a doctor, hospital, or other licensed health care provider for medical treatment and assume full responsibility for all costs of such treatment.

I understand that participation in this activity involves inherent risks of injury and/or illness to my child, including without limitation, risks associated with transportation by motor vehicle. I give consent for my child to be transported in a personal vehicle by a private party or parent of another student as long as the driver has been approved by my child's Youth Minister/DRE. I understand that the driver of my child is required to maintain current automobile insurance and that their personal automobile insurance is the primary coverage for both liability and physical damage. In the event of an automobile accident, I agree to indemnify and hold harmless ST. MARK Catholic Church, to include but not limited to, the Diocese of Arlington, The Most Reverend Michael Burbidge and his successors in office and employees, from any and all liability, loss damages, costs, or expenses which are sustained, incurred, or required arising out of the accident, including the cost of any medical care or lost-time wages or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by the driver in the course of them driving to and from the field trip.

I authorize St. Mark Youth Ministry to use my child's picture or video recording for educational and/or marketing purposes. Parents /guardians who do not wish their child to be photographed or video-taped should notify the Youth Ministry Office in writing. Further, should it be necessary for the participant to return home due to medical, disciplinary, or other reasons I (we) do hereby assume responsibility for the participant's transportation home and any costs related thereto. I freely execute this Acknowledgement with full knowledge of its content.

Signature of Parent(s) if Participant is younger than 18 years old

Date

Signature of Program/Activity Coordinator

Date