



St. Monica Vacation Bible School: August 15-19, 2022

Ages 4 & up • 8:45 AM until Noon (lunch included)

Questions: email jessica.tette@dor.org

Your child should be prepared to wear a mask for the duration of their time at St. Monica Church. If you or they have any symptoms of COVID-19, a positive test, or a known exposure to someone with a positive test, please remain home.

RETURN FORM BY JULY 29th

to jessica.tette@dor.org

or mail to

St. Monica Church
34 Monica St. Rochester
NY 14619

	Name	Grade completed	Date of Birth	Special Needs/Allergies	School attending	T-shirt size
Child 1						
Child 2						
Child 3						
Child 4						

T-SHIRT SIZES: Youth S, M, L, XL
Adult S, M, L, XL, 2XL

Parent/Guardian Name: _____ Phone: _____

Address: _____ Zip: _____ Email: _____

Emergency Contact (someone other than parent/guardian): _____ Phone: _____

Are you registered members of St. Monica Church? Y N

Are you interested in volunteering for VBS? Y N

Health Insurance Company name: _____

Primary Care Physician: _____ Physician Phone: _____

LIABILITY RELEASE: I understand that reasonable precautions will be taken to safeguard the health and wellbeing of participants in St. Monica VBS activities and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the VBS Team or other volunteer or church staff member to obtain medical care from a licensed physician, hospital, or medical clinic for my child in the event that myself or other legal guardian cannot be reached. I hereby do release and forever hold harmless this Diocese of Rochester and St. Monica Church of Rochester from all manners of actions, claims, which I or the child named above shall or may have for any reason arising during my and my child's attendance of VBS events.

Parent/Guardian Signature/Date: _____

MEDIA RELEASE: I consent to allowing my and my child's image and to be recorded, either by photograph or video, to be used for promotional or publicity purposes for St. Monica Church/Emmanuel Church of the Deaf. Please note that St. Monica Church will not associate any identifying information with the photographs or videos without contacting the parent/guardian. **Parent/Guardian Signature/Date:** _____

VBS at St. Monica is funded by the generosity of the Bedford family fund and so many of our St. Monica parishioners. Donations are always welcome.

Please return VBS registration to Jessica at Jessica.tette@dor.org or mail to the church office by **July 29th**.

Peace! Jessica Tette, Youth Faith Formation at St. Monica Church

ST. MONICA CHURCH POST COVID-19 VBS 2022 WAIVER AND RELEASE

I hereby acknowledge and agree as follows:

1. The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization and is extremely contagious. The virus is believed to spread through person-to-person contact, by contact with contaminated surfaces and objects, or by exposure to respiratory droplets produced when an infected person coughs, sneezes, or simply talks. The disease is more likely to be spread when people are in physical contact or close to one another (within about 6 feet). Furthermore, people reportedly can be showing no symptoms and yet be infected and therefore capable of spreading the disease. There is no known treatment, cure, or vaccine for COVID-19, and the disease can result in serious and life-threatening illness and even death.
2. I am fully aware that participation in St. Monica VBS activities carries with it certain inherent risks related to COVID-19 transmission that cannot be eliminated regardless of the care taken to avoid such risks. Such risks may include, but are not limited to, (1) the risk of coming into close contact with individuals, surfaces and/or objects that may be carrying COVID-19; (2) the risk of transmitting or contracting COVID-19, directly or indirectly, to or from other individuals; and (3) injuries and complications ranging in severity from minor to catastrophic, including death, resulting directly or indirectly from COVID-19 or the treatment thereof.
3. I acknowledge that while St. Monica's has taken reasonable steps to limit the transmission of COVID-19, St. Monica's cannot prevent me or my children from becoming exposed to, contracting, or spreading COVID-19 while participating in St. Monica VBS activities. Therefore, if I choose to participate in St. Monica VBS activities, I may be exposing myself or my child to, or increasing my or my child's risk of, contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understood the above warnings concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and my children in order to participate in St. Monica VBS activities. I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to do so. I also accept and knowingly and freely assume for myself and my child the risk of injury and/or illness from participating in St. Monica's VBS activities.

WAIVER OF LIABILITY and LAWSUITS: I, for myself and on behalf of my minor child, hereby release and waive my and my child's right to bring any suit or claim against St. Monica's and The Diocese of Rochester, including but not limited to the Bishop of the Diocese of Rochester, and all other officers, employees, volunteers and/or agents (collectively, "RELEASEES"), with respect to any and all injury, illness, disability, death, or loss or damage to person or property related to participating in St. Monica VBS activities, whether arising from the negligence of RELEASEES or otherwise, to the fullest extent permitted by law. This release specifically includes, but is not limited to, any loss or damage related to exposure to or contraction of COVID-19. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence, and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

I understand that this Waiver is intended to be as broad and as inclusive as permitted by the laws of the New York State, and that if any portion of this Waiver is held invalid, it is agreed that the balance of this Waiver shall continue in full force and effect to the fullest extent of the law.

I HAVE READ AND FULLY UNDERSTAND THIS WAIVER AND RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Signature: _____ Date: _____, 2021

Name (printed): _____

I am the parent or legal guardian of the minor(s) _____.

I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

Signature: _____ Date: _____, 2021

Name (printed): _____