

Our Mother of Sorrows Teen MD

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DIOCESE OF TUCSON

PERMISSION FOR ONLINE MEETING, WAIVER AND RELEASE FORM

In an effort to serve our High School Students and keep the community of young people strong in faith and connected during this time of COVID-19, we will be meeting virtually until the time comes that we are allowed to once again meet in person. These meetings will be run by adults who have completed the safe environment training as mandated by the diocese of Tucson and are in good standing with the church. These meetings will be recorded for the safety of your child and precautions will be taken, provided by the platforms used to ensure they are not public meetings but controlled by the administer.

I, as a parent or legal guardian, wish for my child _____ to participate in Virtual meetings, retreats, events with OMOS Teen MD, and as a condition of my child being allowed to do so, I hereby release and discharge the Roman Catholic Church Diocese of Tucson and Parish Corporations, its constituent organizations, including but not limited to Our Mother of Sorrows, the Roman Catholic Church Diocese of Tucson, and their officers, agents, employees and volunteers from any and all claims for personal injuries or property damage that my child may suffer as a result of my child's participation in the activity described above including transportation to and from such activity, whether or not such injuries or damage are caused by the negligence (active or passive) of any of the entities or individuals named or described above.

I agree that my child will abide by the rules and regulations governing all online activity and that my child will obey any instructions given by the person or persons having supervision and control over the activity.

I hereby authorize the making of photographs, motion pictures, video tapes, recordings, or other memorializing of said event and my child's participation therein and the publication or other use thereof. I and I on behalf of my child, hereby waive any right to compensation therefore or any right that I or my child might otherwise have to limit or control such making or use.

I understand that there may be requests for photo's to be posted by teen (typically during an icebreaker) but these will always be appropriate and within the guidelines of safe environment and at no time will a teen be required to submit one.

I warrant and represent that I am the parent or legal guardian of the participating child and upon request will produce satisfactory proof of such fact.

By my signature below, I attest that I have read and fully understand this **Online Meeting Permission, Waiver and Release** document and agree to all its terms:

Signature of Parent or Legal Guardian _____

Print Name of Parent or Legal Guardian _____

Date Signed _____

Street Address _____ City _____ State _____ Zip Code _____

Parent Telephone _____ e-mail _____

Teen Telephone _____ e-mail _____