



School of St. Philip
225 East Third Street, Litchfield, MN 55355
320.693.6283
www.schoolofstphilip.org

PARENT PERMISSION, RELEASE, AND WAIVER

I authorize my child to attend School of St. Philip (“the School”) for the Fall 2020 semester. I hereby acknowledge and understand that my child’s attendance at the School may result in possible exposure to, or illness from, infectious diseases, including, but not limited to, Methicillin-resistant Staphylococcus aureus (MRSA), Influenza, and COVID-19. While the School has implemented measures to reduce the spread of these infectious diseases through social distancing, cleaning and disinfecting, and health screening, the risk of serious illness and death does exist. As my child’s parent or guardian, I knowingly and freely assume all such risks, both known and unknown, in connection with my child’s attendance at the School, as well as in any participation of School-related events (Mass, sporting events, etc.).

As such, in consideration of my child’s attendance at the School, I hereby release, waive, discharge, and covenant not to sue the School, and everyone affiliated with it, including but not limited to any past or present Pastor or Principal, any past or present trustee of the School, and every other past or present School official or employee, and all other organizations affiliated with the School, including any parish and the Diocese of New Ulm, from any and all liability, claims, demands, action and causes of action whatsoever arising out of or related to any loss, damage, illness, infection, or injury including death, that may be sustained by my child, other members of my family, or me, whether caused by the negligence of School representatives or otherwise while attending the School; while in, or upon the premises where School activities are being conducted; or otherwise relating to, or arising from, my child’s attendance at the School.

Further, I hereby agree to hold harmless and to indemnify the School and all School representatives from any and all claims, damages, liabilities, costs and expenses, including reasonable attorneys’ fees, arising out of my child’s attendance at the School.

I hereby authorize the School and/or any appropriate medical facility to take whatever emergency measures (first aid, disaster evacuation, etc.) as judged necessary for the care and protection of my child while under the supervision of the School. In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources (police, rescue squad, ambulance, etc.) deem it necessary. The child will be transported at my expense. I understand that, in some situations, School staff will need to contact the local emergency resource before the parent, child’s physician, and/or other adult acting on the parent’s behalf. I understand and agree that I am responsible for all medical expenses incurred to treat my child’s injuries.

By signing below, I agree to the above terms with respect to each of my children identified below.

Parent’s Signature _____

Date _____

Parent’s Name _____

Child’s Name: _____

Child’s Name: _____

Child’s Name: _____