

Release of Liability Form - Diocese of Fresno (DOF) and all Entities of the Diocese of Fresno:

Permission for a Minor to Participate in a DOF Online Events and Activities

Parent / Guardian: In order for your child to attend and/or participate in DOF-sponsored online events or activities during this academic year (until we are prepared to offer in-person sessions), you must give your signed permission by completing this ANNUAL form.

NAME OF PARISH OR SCHOOL	NAME OF GROUP
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I, the undersigned parent or legal guardian, voluntarily wish to give permission for and request that my child be allowed to participate in DOF-sponsored online events and activities during this academic year, until in-person sessions are allowed.

I have informed my child to cooperate and conform with the rules, guidelines, and instructions given by DOF personnel, agents, chaperones, or those persons responsible for DOF online events and activities.

If requested;

I reserve the right to disallow my child to participate in DOF-sponsored events by notifying the leader in writing.

I understand that participation in this activity involves their presence online for sessions and activities as outlined by the parish, according to their guidelines.

Please Note: As a extra security precaution—the parent or guardian must be nearby or in the same room as their child while my child is online and participating in the online activity.

**** I will need to provide SEPARATE WRITTEN PERMISSION to the parish for my child to be online while NOT in my presence.**

I further understand that I may be contacted if my child misbehaves in any way that distracts from the session and possible be asked that my child be removed from the session.

I will go over the “Code of Conduct” for online use, *on the back of this page*, with my child and make sure he/she is aware of the code of conduct and agrees to follow the guidelines on the form.

In exchange for permitting my child to participate in this voluntary online activity, I waive and give up all claims (and the right to file a lawsuit) which I or my child (and our successors, heirs, and assigns) may have against DOF. I release and discharge DOF from any and all liability or responsibility for death, illness, personal injury, or property damage arising out of the DOF activity.

This permission, waiver, release, and consent applies to the DOF named, including but not limited to the Diocese of Fresno Education Corporation; the Roman Catholic Bishop of Fresno (a corporate sole); the Diocese of Fresno; other Fresno Diocesan Parishes and Schools; affiliated organizations and officers; clergy; agents; and employees.

I, the undersigned, have read this release and understand all of its terms. I request that my child be allowed to participate in DOF-sponsored online events and activities. I execute this form voluntarily and with full knowledge of its significance. I have discussed the above with my child, and my child is aware of and understands the importance of following all rules set out for these events, or activities. A copy or digital image of this form shall be as valid as the original authorization and may be given to the adult leader of the online events.

PRINT NAME OF PARTICIPANT	DATE
PRINT NAME OF PARENT / LEGAL GUARDIAN	SIGNATURE OF PARENT / LEGAL GUARDIAN

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The following information is to be reviewed with the child, and signed by all:

I agree to politely obey the requests and directions of the adult leaders.

I agree to give my full attention as I participate in the approved activities at all times.

I agree to dress appropriately at all times.

I agree to be on time to activities and remain on the online session until it is dismissed. I will not utilize the "chat" function unless prompted to do so.

I agree to treat others with respect and will not engage in behavior that reflects poorly on me. I agree not to participate in hazing, teasing, bullying, or similar activities.

I agree not to misuse the technology needed by posting inappropriate images, visiting other websites during the session, or distracting my classmates in any way.

I will take responsibility for my actions and understand that my parent/guardian will be contacted if I do not comply with this Code of Conduct to the satisfaction of the adult leaders.

PRINT NAME OF PARTICIPANT		DATE OF BIRTH	
SIGNATURE OF PARTICIPANT			
PRINT NAME OF PARENT / LEGAL GUARDIAN		PAGER / CELLULAR TELEPHONE NUMBER	
DAYTIME TELEPHONE	<input type="checkbox"/> HOME <input type="checkbox"/> WORK	EVENING TELEPHONE	<input type="checkbox"/> HOME <input type="checkbox"/> WORK
EMERGENCY CONTACT (OTHER THAN PARENT / GUARDIAN)			RELATIONSHIP
EMERGENCY CONTACT DAYTIME TELEPHONE	<input type="checkbox"/> HOME <input type="checkbox"/> WORK	EMERGENCY CONTACT EVENING TELEPHONE	<input type="checkbox"/> HOME <input type="checkbox"/> WORK
OTHER INFORMATION			

DATE RECEIVED AND BY