

Permission Slip

Your child is eligible to participate in a school-sponsored activity that requires transportation to a location away from the school site. This activity will take place under the guidance and supervision of employees/volunteers from MDCHS.

Name of Moderator: Paul Gessner

Name of Activity: MDCHS Martin Luther King, Jr. Day of Service

Name and Address: Variety of service opportunities as found on the Athens-Clarke County website
(Additional information to be provided)

Mode of Transportation: Vans

Departure Date & Time: 9:00 am

Returning Date & Time: 11:45 am

Cost of Trip: \$0

Date permission form is due to moderator: Thursday, January 13, 2022 3:35 pm

Nathan Edwards

Administrator's Signature

1/10/22

Date

Medical Information:

My child, _____, has the following medical issues that the school should be aware of:

My child will be on the following medication: _____

In case of medical emergency, I understand that every effort will be made to contact the parents of the participant. In the event that I can't be reached, I give permission to the physician selected by the moderator to hospitalize, secure treatment for, and to order injection, anesthesia or surgery for my child. If you would like for your child to participate in this activity, please complete, sign, and return the following statement of consent and release of liability. As a parent/legal guardian you remain fully responsible any legal/financial responsibility that may result from any personal actions taken by the names student.

I hereby consent to participation by my child, _____ in the activity described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the of the designated school employee/volunteer on the stated dates. I further consent to the conditions stated above on participation in this activity, including the method of transportation. I waive and release any claim against the school authorities for any injuries suffered for my child during such trip whether caused by the negligence of the designated supervisor/volunteer or otherwise. In the event of an injury suffered during the transportation to and from the site, I agree to look solely to the insurance carrier providing insurance on the transporting vehicle for compensation.

Parent's Name (Print)

Parent's Signature

Date

Waivers for Martin Luther King, Jr. Day of Service Participation
Monsignor Donovan Catholic High School

Child Liability Waiver

In connection with my child or ward's voluntary involvement in activities undertaken for, and with the participation and support of the Athens MLK Jr. Day of Service, I hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge the Athens MLK Jr. Day of Service Steering Committee, its community service partners, officers, directors, employees, agents and volunteers from any claim, demand or cause of action that may be asserted by or on behalf of my child or ward as a result of my volunteering for activities through the Athens MLK Jr. Day of Service volunteer event. I hereby attest that attendance and involvement is voluntary, that he/she is participating at his/her own risk, and that I have read the foregoing terms and conditions release. Furthermore, I grant the Athens MLK Jr. Day of Service Steering Committee and its partners the irrevocable right to use photographs and video or audio recordings of my child or ward while volunteering, in any medium, without pay. I hereby give permission to my child or ward to participate in all activities in the program of Athens MLK Jr. Day of Service expressly and specifically acknowledging that those activities may include, but may not be limited to outdoor activities and field trips. I also give the Athens MLK Jr. Day of Service Steering Committee members and/or Athens MLK Jr. Day of Service site leaders permission to take my child or ward to the hospital in case of emergency and to administer medications that I provide for my child.

Parent/Guardian Signature: _____

Date: _____

Athens-Clarke County Martin Luther King Jr. Day of Service
Participant Waiver and Disclaimer

I, the undersigned, hereby understand that insurance to cover myself and/or my child(ren) in the event of injury in any activity sponsored by the Athens-Clarke County Martin Luther King Jr. Day of Service Steering Committee is my responsibility. In consideration of being allowed to participate in the Athens-Clarke County Martin Luther King Jr. Day of Service, I hereby agree to indemnify, protect, release, and forever hold harmless the Steering Committee, its members, employees, agents, servants, successors, and/or assigns from any and all liability due to personal injury, property damage, and/or loss that may result from participation by myself or my child(ren) in this program and from any and all claims, demands, actions, suits, damages, loss, and expenses of whatever kind or nature to any person or to any property arising out of or in conjunction with this activity. I give my permission for the person in charge of this activity to transport or authorize transport for myself and/or my child(ren) to a medical provider in the event of injury.

Additionally, I am aware that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. I understand that COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. I am aware that as a result, federal, state and local governments and federal and state health agencies recommend social distancing of at least six feet and the wearing of masks, and have, in many locations, prohibited the congregation of groups of people.

I understand that the Athens-Clarke County Martin Luther King Jr. Day of Service Steering Committee has created new protocols and put in place preventative measures to reduce the spread of COVID-19; however, I acknowledge that the Athens-Clarke County Martin Luther King Jr. Day of Service Steering Committee cannot and does not guarantee that anyone working for or attending a program will not become infected with COVID-19. Further, I understand that attending any program or activity held by the Athens-Clarke County Martin Luther King Jr. Day of Service Steering Committee may increase the risk of contracting COVID-19 and that participation in some programs may not allow for proper social distancing measures and practices. I also understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Athens-Clarke County Martin Luther King Jr. Day of Service Steering Committee members, volunteers, program participants, and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself and/or my child(ren) related to participation in programming held by the Athens-Clarke County Martin Luther King Jr. Day of Service Steering Committee including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense of any kind, that I and/or my child(ren) may experience in relation to programming held by the Athens-Clarke County Martin Luther King Jr. Day of Service Steering Committee. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the Athens-Clarke County Martin Luther King Jr. Day of Service Steering Committee, its members, agents, and/or representatives, whether a COVID-19 infection occurs before, during, or after participation in any of their programs.

I willingly agree that I and my child(ren) will comply with customary and stated protocols to protect against infectious diseases, including COVID-19. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself and my child(ren) from participation and bring such to the attention of the nearest staff member immediately.

Parent/Guardian Signature: _____

Student Signature: _____

Date: _____

**RELEASE, WAIVER OF LIABILITY, AND COVENANT NOT TO SUE
(READ CAREFULLY BEFORE SIGNING)**

I, _____ (the "Undersigned"), hereby execute this Waiver and Release acknowledging my awareness that my participation as a volunteer in the **University of Georgia Founders Memorial Garden** in connection with **Athens MLK Day of Service** on **January 17, 2022** may expose me to risks of property damage, bodily or personal injury, including death. I understand that my participation in this event is optional and that my participation is not required. Activities will include pulling ivy that is overgrowing other plants and garden paths. I understand that the risks that I may encounter include but are not limited to COVID-19 exposure; inclement weather; burns; injury from animal and insect bites; cuts, abrasions, and puncture wounds; broken bones; muscle strains and sprains; exposure to plants, animals, and other environmental elements which may cause allergic reactions; as well as other risks that may not be foreseeable. I have been informed and understand that there are inherent risks and dangers involved in this activity. I agree at all times to follow the directions of UGA employees present during the activity and the Athens-Clarke County personnel present at the activity, including following any safety instructions, if asked. I knowingly and freely assume any and all such risks and voluntarily participate in this activity.

In exchange for the use of equipment, materials, supplies and for being allowed to participate in this activity, I hereby release and forever discharge the University of Georgia, the Board of Regents of the University System of Georgia, their members individually and their officers, agents and employees from any and all claims, demands, rights, expenses, actions, and causes of action, of whatever kind, arising from or by reason of any personal injury, bodily injury, property damage, or the consequences thereof, whether foreseeable or not, resulting from or in any way connected with my participation in this activity.

I further covenant and agree that for the consideration stated above, I will hold forever harmless and will not take legal action against the University of Georgia, the Board of Regents of the University System of Georgia, its members individually, and their officers, agents, and employees for any claim for damages arising or growing out of my participation whether their actions were negligent or otherwise. I understand that entering in this Release, Waiver of Liability and Covenant not to Sue shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents and employees.

I grant permission for my likeness, image and voice to be recorded in any media during this program and to be used by the University of Georgia on behalf of the Board of Regents of the University System of Georgia in any publications, media, or technology now known or hereafter developed in the future for any lawful purpose whatsoever without further permission from me. I understand I will not be compensated for use of these recordings.

I certify that I am at least 18 years of age. This consent is given freely and voluntarily by me without coercion, duress, threat or promise of any kind and it is my express intent that this Agreement shall contractually bind my heirs, executors, administrators and assigns. I certify that I understand and have read the above carefully before signing. I understand that I am not subject to any adverse action if I do not sign.

Name of Participant

Signature of Participant

Date

Name of Parent

Signature of Parent

Date

(To be signed by Parent/Legal Guardian if Participant is less than 18 years of age at time of signing)

Core Values:
#InviteConnection #ModelIntegrity
#EngageCommunity #PromoteRecovery
#CultivateTeamwork #EncourageGrowth



Volunteer/ Intern Confidentiality Agreement

Residents of the organization are entrusted to the care of the program's staff and are given assurance that all information will be held in strict confidence. In addition, Federal and State laws regarding confidentiality protect each participant and if violated, could result in punishment, inclusive of fines. (See Code of Federal Regulations, Title 42 and O.C.G.A. §§ 26-5-17 AND 37-7-166).

Information about a resident's identity, attendance, compliance, progress and/or treatment experience must not be discussed with anyone except the organization's staff, and authorized health care professionals who are directly responsible for the resident's care and treatment.

The organization's program serves as an educational setting and the information observed and discussed during the internship period or any educational related observation period remains confidential even after the internship/educational period has concluded. In addition, in order to maintain the privacy of the residents, all volunteers, interns, and visitors to the organization are instructed to not identify the organization's residents outside of the residential setting and the duration of this confidentiality agreement lasts indefinitely beyond the duration of the volunteer, internship, or educational visit.

If a volunteer/intern serves the organization for a period of longer than 90 days, access may change. If access of organizational files or drives are given the volunteer/ resident must adhere to the following guidelines:

- Volunteer/intern cannot access organizational files or drives from personal devices
- Volunteer/intern cannot access organizational files or drives outside of working hours
- Volunteer/intern must maintain the integrity, or consistency and accuracy, of files or drives

On this date, I agree to accept and take full responsibility for holding each resident's information in strict confidence. My signature below acknowledges this Agreement and my further understanding that any violations of the Agreement will be reported to the appropriate authorities as a violation of Federal and State laws.

Print Name: _____

Signature: _____

Date: _____



Friends of Brooklyn Cemetery

BROOKLYN
CEMETERY

Bethlehem Cemetery Society

Brooklyn Cemetery Volunteer Service Project Waiver – UNDER 18

Parent/Guardian permission is required for volunteers under 18. Please read the following waiver and sign at the bottom, indicating your agreement. Please complete all fields legibly.

In connection with my child or ward's voluntary involvement in activities undertaken for the restoration of the Brooklyn Cemetery, I hereby agree for myself, my heirs, assigns, executors, and administrators to release and discharge the Friends of Brooklyn Cemetery, Bethlehem Cemetery Society, the coordinating agency, officers, directors, agents, employees, and volunteers community service partners, and volunteers from any claim, demand, or cause of action that may be asserted by or on behalf of my child or ward as a result of my volunteering for activities at the Brooklyn Cemetery.

I hereby attest that attendance and involvement is voluntary; that he/she is participating at his/her own risk, and that I have read the foregoing terms and conditions release. Furthermore, I grant the Bethlehem Cemetery Society/Friends of Brooklyn Cemetery and its partners the irrevocable right to use photographs and video or audio recordings of my child or ward while volunteering, in any medium, without pay.

I hereby give permission to my child or ward to participate in all activities suitable for his/her age group while volunteering at the Brooklyn Cemetery expressly and specifically acknowledging that those activities may include but may not be limited to outdoor activities and field trips. I also give Friends of Brooklyn Cemetery coordinators, officers, and site leaders permission to take my child or ward to the hospital in case of emergency and to administer medications that I provide for my child.

I further attest that my child or ward has no allergies or special medical needs other than those listed below and has not been exposed to the COVID-19 virus and carries no symptoms of such as defined by the CDC.

Service Date: _____

Parent/Guardian Signature: _____ Date: _____

Child's Name: _____ Child's Birthday: _____

Parent/Guardian Phone: _____ Parent Email: _____

Emergency Contact Name and Relationship: _____

Emergency Contact Phone: _____

