

**OUR LADY QUEEN OF PEACE
VACATION BIBLE CAMP**

May 2021

Re: Participants and Student Volunteers

Dear VBS Parents;

During these continuing times of the novel coronavirus, we here at OLQP Vacation Bible Camp have been actively planning and working toward offering an in-person program this year, with appropriate precautions and measures in place that are consistent with applicable public health restrictions and guidance. Although challenges created by the coronavirus continue to develop and change almost daily and much remains uncertain, we are certain of the following:

1. The health, safety, and welfare of every member of our community is our highest priority.
2. Medical knowledge regarding COVID-19 continues to evolve, but COVID-19 is reported to be extremely contagious and is believed to spread principally through person-to-person contact. The exact methods for spread, contraction, and infection while better understood, questions on these issues remain. Currently, while there is a vaccine available to individuals 16 years of age or older, no similar vaccine or treatment is yet available to children under the stated age. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and/or death.
3. The measures we take to protect the community from COVID-19 will continue to be informed by the most up-to-date advice from federal, state, and local public health officials.
4. Even with the precautions and measures we implement, no one, including the parish, can guarantee an environment without risk of the spread of COVID-19. It is simply not possible to do so. For more information about the nature of the virus, please visit <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.
5. In addition, minimizing the risk of COVID-19 spread or spread of any other disease is a shared responsibility. All members of the Parish community, including you and your child(ren), must do their part. In addition to basic hand hygiene (frequent washing and sanitizing) and respiratory etiquette (not coughing into one's hand or in close proximity to others), this includes adhering to any measures that the OLQP Vacation Bible Camp may deem appropriate, such as temperature checks, social distancing, wearing cloth face coverings, isolating or quarantining away from the parish when required, and other precautionary measures. Your child's compliance is necessary not only for the safety of your child but also for the safety of others. Individuals should not enter the Parish campus if they have a fever or are exhibiting symptoms of COVID-19. For more information about symptoms, please visit <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

5.4.2021

6. If your child has any underlying medical conditions which may put them at increased risk, you should contact the OLQP Vacation Bible Camp Administrator, Kathy Shadrach to discuss further. Please contact by calling 410-686-3085 ext. 118 or e-mailing kshadrach@hotmail.com

7. There is an inherent risk that your child could be exposed to and contract COVID-19. By allowing your child to attend OLQP Vacation Bible Camp, you indicate your acknowledgement of and agreement to accept and assume this risk on behalf of your child.

In the meantime, we encourage everyone to stay safe and pray for those affected by this worldwide pandemic.

Sincerely,

Kathy Shadrach
Director of Religious Education
410-686-3085, ext. 118

Vacation Bible Camp Participant Registration Form

July 12 to 16, 2021 8:45 AM to 12:00 PM

OUR LADY QUEEN OF PEACE
For Children in grades K thru 4 in 2020-21
kathy@olqpm.org

Child's Information:

Name: _____ Age: _____ Grade completed: _____

Allergies or medical conditions: _____

Name: _____ Age: _____ Grade completed: _____

Allergies or medical conditions: _____

Name: _____ Age: _____ Grade completed: _____

Allergies or medical conditions: _____

Family Information:

Parents/Guardians' Name(s): _____

Address: _____

Phone Numbers: Hm: _____ Wk: _____ Cell: _____

Email: _____

Emergency Contact:

Name: _____

Phone: _____

FEES: \$35.00 per child

Registration form, fee and accompanying waiver forms must be in the Religious Education Office by June 15, 2021

I understand that reasonable precautions will be taken to safeguard the health and well-being of the participants in this VBS 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 associated volunteers of the VBS program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge this Diocese, Parish and/or Organization from all manners of actions, claims which I or the child named above shall or may have for any reason, arising during my child's attendance of the VBS.

Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photograph or video, and used during the VBS week or for future advertisement of Parish VBS programs. Any other use will require your further consent.

Parent / Guardian Signature

Date

**OUR LADY QUEEN OF PEACE
VACATION BIBLE CAMP**

Parent Acknowledgement and Agreement Regarding COVID-19 Protocols

I _____ the parent/guardian of _____, _____,
_____ will follow OLQP VACATION BIBLE CAMP requirements for in-person attendance for the program schedule for July 12 to 16, 2021 **Please initial next to each statement below acknowledging your agreement that you and your child will abide by these protocols.**

1. ___ I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein. I understand and agree that my child and I will comply with any other policies, procedures, guidelines, and rules that OLQP VACATION BIBLE CAMP may deem appropriate to prevent the spread of COVID-19 at its facility.
2. ___ I understand that during this COVID-19 Public Health Emergency, access to the facility where the program will be held may be restricted or otherwise limited. I agree to adhere to any all restrictions related to access including but not limited to any restrictions to enter the OLQP VACATION BIBLE CAMP facility beyond the designated drop-off and pick-up area located at 100030 Bird River Road (except for emergency situations as contemplated below). I understand that this procedure change is for the safety of all persons present in the facility, and to limit, to the extent possible, everyone's risk of exposure. I understand that it is my responsibility to inform any Emergency Contact persons of the information contained herein and that they cannot pick up my child unless they also have signed this form.
3. ___ I understand that IF there is an emergency requiring me to enter the OLQP VACATION BIBLE CAMP facility beyond the designated drop-off and pick-up area I MUST wash/sanitize my hands before entering and wear a mask at all times. While in the facility, I must practice social distancing and remain at least six (6) feet away from all other people, except for my own child.
4. ___ I understand that in order to enter upon the facility premises my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear my child will be separated away from the rest of the participants and people located in the facility. I will be contacted by OLQP VACATION BIBLE CAMP staff as soon as possible, and my child MUST be picked up from the facility within thirty (30) minutes of being notified (or as soon as reasonably possible).

Symptoms include: Cough, Shortness of Breath, Chills, Muscle aches, Headache, Sore Throat, Loss of taste or smell, Diarrhea, Fever of 100.4 degrees Fahrenheit or higher.

Though many of these symptoms can also be related to non-COVID-19 issues, it is imperative that we proceed with an abundance of caution during this public health emergency. These symptoms typically appear two (2) to seven (7) days after being infected, so please take them seriously.

5. ___ I understand and agree that I am responsible for reporting to OLQP VACATION BIBLE CAMP if my child, my Emergency Contacts, or I have been diagnosed with COVID-19, have symptoms of COVID-19,

or otherwise have reason to believe they or I have contracted COVID-19. I further understand and agree that any child, emergency contact, or parent/guardian who wants to enter OLQP VACATION BIBLE CAMP before completing a ten (10) day self-isolation period must present the designated administrator with a medical professional's certification of good health that clears the individual for return. The medical certificate will be forwarded to Kathy Shadrach, who will consult with OLQP VACATION BIBLE CAMP administration regarding whether the individual is able to enter the facility prior to completion of the 10-day period.

6. ___ I agree to wear a mask at all times while dropping off and picking up my child(ren) or otherwise on the campus until notified otherwise by OLQP VACATION BIBLE CAMP
7. ___ I understand that I must complete a wellness screening process for my child(ren) prior to their entering the facility. I understand if I fail to complete this process, I will be required to complete the process prior to leaving the premises.
8. ___ I understand that my child will be required to wash their hands using Centers for Disease Control and Prevention-recommended handwashing procedures throughout the day using warm running water and rubbing with soap for at least twenty (20) seconds.
9. ___ I understand the importance of complying with state, county or local stay-at-home orders and social distancing orders, even when outside of care, in order to control my own and my child's exposure in the local community.
10. ___ I acknowledge and agree that if my child is diagnosed with COVID-19 OLQP VACATION BIBLE CAMP, if required by law will notify the County Health Department and possibly the Maryland Department of Health.

I certify below that I have read, understand, and voluntarily agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by OLQP VACATION BIBLE CAMP may result in termination of all OLQP VACATION BIBLE CAMP permitting my child(ren) to attend in-person activities and classes. I acknowledge that enrollment of my child(ren) may be terminated if it is determined that my actions, or lack of action unnecessarily exposes another employee, child, or their family member to COVID-19.

Participants Name: _____ Date of Birth: _____

Participants Name: _____ Date of Birth: _____

Participants Name: _____ Date of Birth: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Phone Number: _____

**OUR LADY QUEEN OF PEACE
VACATION BIBLE CAMP**

PERMISSION & RELEASE AGREEMENT FOR MINOR PARTICIPANTS and STUDENT VOLUNTEERS

Participant Name: _____	Date of Birth: _____
Participant Name: _____	Date of Birth: _____
Participant Name: _____	Date of Birth: _____
Address: _____ City/State/Zip: _____	
Parent/Guardian: _____	Cell Phone: _____
Email Address: _____	Work Phone: _____

I hereby grant permission for my minor Child to participate in any and all activities associated with **VACATION BIBLE CAMP** facilitated by **Our Lady Queen of Peace** (the “Parish”), whether on Parish premises or at off-site locations from **July 12 to July 16** (collectively, the “Activities”). In consideration of the opportunity for my Child to participate in the Activities, I knowingly and voluntarily on behalf of myself and my Child do hereby agree to forever **RELEASE, HOLD HARMLESS, AND INDEMNIFY Our Lady Queen of Peace** and the Archdiocese of Baltimore and each of its affiliate organizations, agents, governing board, departments, employees, officers, directors, volunteers, officials, representatives, agents, insurers, students, and other participants in the Activities (collectively, the “Archdiocese of Baltimore”) to the fullest extent permitted by law from any and all liability, claims, demands, and causes of action, including claims of negligence, arising out of or relating to any loss, damage, or injury (including illness or death) sustained in connection with or arising out of my child’s participation in the Activities, including any and all actions taken by the Parish or the Archdiocese of Baltimore pursuant to this Permission & Release Agreement.

By my signature below, I understand and acknowledge that my Child’s participation in the Activities may involve risk of minor or serious injury, including illness, permanent disability, death, and/or economic losses that may result from my Child’s actions or inactions, the actions or inactions of others, and the inherent risks of the Activities. I further understand and acknowledge that the Activities may involve outdoor activities, including but not limited to exposure to sun and other elements, and changing environmental conditions due to inclement weather, lightning, wind, or temperature. I fully understand, appreciate, and hereby assume all such known and unknown dangers and risks related to my Child’s participation on behalf of my Child and I voluntarily elect to allow my Child to participate in the Activities.

I understand that my Child’s participation in the Activities may require a minimum level of fitness for safe participation, and the Parish and the Archdiocese of Baltimore do not screen, medically or otherwise, individuals that participate in the Activities. I acknowledge that it is my sole responsibility to make certain that my Child is physically fit and healthy enough to participate in the Activities. By allowing my Child to participate in the Activities, I confirm that my Child does not have an elevated temperature and has not otherwise exhibited any symptoms related to COVID-19 as identified by the Centers for Disease Control and Prevention (CDC). In the case of a health emergency or need of urgent healthcare, after a reasonable effort has been made to contact me and any below-named emergency contact(s) (or if the urgency of the circumstances does not allow for an attempt to contact me or any below-named emergency contact(s)), I authorize and consent to any medical care deemed necessary for my Child’s health and safety during the Activities.

I hereby authorize the Parish and the Archdiocese of Baltimore to take photographs and video recordings of my Child in connection with my Child’s participation in the Program. I acknowledge and agree that photographs or

videos of participants in the Program, including my Child, may be used and published for educational and promotional purposes, including, for example, such purposes as publications, website or social media content, or other print or electronic materials produced from time to time by the Parish or the Archdiocese of Baltimore. (Participants will not be identified by name, however, without specific written consent.) I agree that if I do not wish my Child to be photographed or videotaped, I will notify the Parish in writing. I understand that the Parish and the Archdiocese have no control over the use of photographs or film taken by media that may cover the Program in which my Child participates.

The following emergency contact(s) have permission to pick up my Child and to make decisions regarding my Child on my behalf if the Parish or the Archdiocese of Baltimore is unable to contact me:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

If any provision or provisions of this Release Agreement are determined to be invalid or unenforceable, either in whole or in part, the parties agree that the invalid or unenforceable provision will be modified to the minimum extent necessary to render it valid and enforceable, so that the rights and obligations of the parties to this Release Agreement are preserved to the fullest extent permitted by law.

I CERTIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE ABOVE-NAMED CHILD, HAVE READ THE FOREGOING PERMISSION & RELEASE AGREEMENT AND ANY ACCOMPANYING ATTACHMENTS, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY, WILLINGLY, AND VOLUNTARILY.

X

Signature

Date of Signature