

Summer BLAST 2021

It's Cool to be Catholic

Thursdays in July, 9 AM-Noon, at the Parish Life Center

Pick the days that fit your schedule!

Limit of 25 people per day. Don't delay!

**July 1
DAY 1
\$25**

Saint Who?
Looking at the Lives of the Saints
Service Project: Dresser Build



Games!

Friends!



Grace!
Living the Sacraments
Service Project: Something Good :)

**July 8
DAY 2
\$20**

**July 15
DAY 3
\$20**

...And Justice for All
The Ins and Outs of Catholic Social Teaching
Service Project: Birthday Boxes



Fun!

**FEED MY
STARVING
CHILDREN**



Trip to Feed My Starving Children
Time Change
8:00 AM-12:00 PM

**July 22
DAY 4
\$25**

**July 29
DAY 5
\$20**

We Are Family!
How Big Is the Community of Believers?
Service Project: Treats for Neighbors



Laughter!

Come to all 5 days for just \$100!

Registration due Friday, June 11

Parent volunteers needed each day

Summer BLAST Registration

Participant and Parent Information

Name _____

Circle Grade Completed 2020/2021 school year: 6 7 8

Address _____ Gender: M F _____

City, State, Zip _____

Medication taking at present _____

Allergies _____

Other Medical Conditions _____

Parent/Guardian Name(s) _____

Parent/Guardian Email _____

Home Phone _____ Work Phone _____
(If a cell number, please check box)

Select Days for Participation

<u>Date</u>	<u>Cost</u>
<input type="checkbox"/> July 1	\$25
<input type="checkbox"/> July 8	\$20
<input type="checkbox"/> July 15	\$20
<input type="checkbox"/> July 22	\$25 (Please complete the Field Trip Form)
<input type="checkbox"/> July 29	\$20



_____ Total Cost (\$100 max) Make checks payable to "Summer BLAST"

Parent Volunteers Needed!

You have the skills we need!!

1-2 adults each day to help us run games, help youth and be an extra set of eyes.

List date(s) you can help: _____

5-6 adults to help pack food at Feed My Starving Children (July 22 only)

All adult volunteers will need to complete the Essential 3 (Virtus Training, Background Check and Code of Conduct), before they can volunteer. We will contact you with more information.

St. Mary of the Lake Church, White Bear Lake, MN
Assumption of the Risk and Waiver of Liability Relating to Minors
Coronavirus/COVID-19

Coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The Church/School of St. Mary of the Lake, White Bear Lake, MN (the “Parish”) has put in place measures to reduce the spread of COVID-19. However, the Parish **cannot guarantee** that your child (ren) or other volunteers or staff will not become infected with COVID-19. Further, **attending an event at the Parish could increase** the risk of contracting COVID-19 for you and your child(ren).

By signing this Assumption of Risk and Wavier of Liability document, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) listed below (“Child(ren)”) may be exposed to or infected by COVID-19 by attending or participating in events or programs at the Parish and that such exposure or infection may result in personal injury, illness, permanent disability or death. I further understand that the risk of me or my Child(ren) becoming exposed to or infected by COVID-19 at the Parish may result from the actions, omissions, or negligence of the Parish or others, including, but not limited to, Parish employees, volunteers, and guests.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself and my child(ren) including, but not limited to, personal injury, disability or death, damage, liability, or expense of any kind, that I or my Child(ren) may experience or incur in connection with their attendance at events or programs at the Parish (“**Claims**”). I hereby release, covenant not to sue, discharge, and hold harmless the Parish, its directors, officers, employees, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, or costs of any kind arising out of or relating thereto that me or my child(ren) may suffer. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Parish, its directors, officers, employees, and representatives, whether a COVID-19 infection occurs before, during, or after my child(ren)’s attendance of events or program at the Parish.

I have read and agree to all of the terms of this Assumption of Risk and Waiver of Liability Document

Signature

Date

Print Name

Address

Phone

Full Name(s) of Child(ren)

**AUTHORIZATION, CONSENT AND RELEASE FOR USE OF
VISUAL LIKENESSES AND ORIGINAL WORKS OF MINORS**

This form allows you, the parent or guardian, to identify if images of your child and their original works may be used for purposes of print, online, social media communication and promotion.

I am the parent or legal guardian of _____ (full name of minor) ("My Child").

I grant the following rights to St. Mary of the Lake Church and the Archdiocese of Saint Paul and Minneapolis:

1. The right to use all photographs, pictures, portraits, vocal sounds, appearances/likenesses, video and performances (hereinafter collectively known as "image") of My Child in the possession of St. Mary of the Lake;
2. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of My Child individually or in conjunction with other images or printed matter in the production of brochures, slides, motion pictures, broadcasts (radio, television, and other social and digital media), audio or video files, recordings, still photography, CD-Rom and any other manner of media now known or later developed;
3. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of My Child individually or in conjunction with other images or printed matter on St. Mary of the Lake and the Archdiocese of Saint Paul and Minneapolis's Internet websites. **No home address or phone number will be published;**
4. The right to record, reproduce, amplify, edit, and simulate My Child's image and all sound effects produced;
5. The right to copyright, in the name of St. Mary of the Lake and the Archdiocese of Saint Paul and Minneapolis, works that contain the image of My Child;
6. The right to use and publish for general communications, advertising, commercial or publicity purposes, or for any other lawful purpose whatsoever My Child's original work; and
7. The right to assign the above-mentioned rights to third parties without notice to me.

I understand that the video files, still photos, or other media incorporating the image of My Child will become the property of St. Mary of the Lake. I hereby waive the right to inspect or approve the image or any finished materials that incorporate the image.

I understand and agree that no compensation will be provided, now or in the future, in connection with the use of My Child's image or My Child's original work.

I hereby release, discharge, and agree to indemnify and hold harmless St. Mary of the Lake, the Archdiocese of Saint Paul and Minneapolis, and their agents, employees and assigns from any and all claims, demands, right, and causes of action of whatever kind that I or My Child have or may have or may arise by reason of this authorization and from the use of My Child's image and original work, including but not limited to, all claims for libel and invasion of privacy.

This consent regarding My Child's likeness and original work is valid until such time as I choose to rescind this authorization and consent. If I choose to rescind this authorization and consent, I agree that I will inform St. Mary of the Lake in writing and that my rescission will not take effect until it is received by St. Mary of the Lake. I understand and acknowledge that it may not be possible to recall any work or photos that have been published prior to receipt of my written rescission.

I hereby authorize and consent that St. Mary of the Lake and the Archdiocese of Saint Paul and Minneapolis have the right to use My Child's name in connection with their educational, promotional, fund-raising activities, or for any other legitimate purpose.

Please initial: _____ Yes _____ No

I have read the above Disclosures, Authorizations, and Releases, have had the opportunity to consider their terms, and understand them. I execute this document voluntarily and with full knowledge of its significance.

Parent/Guardian Name (please print): _____

Address: _____

Phone number: _____

Signature of

Parent/Guardian: _____ Date: _____

FEED MY STARVING CHILDREN FIELD TRIP
PARENTAL CONSENT FORM & INDEMNITY AGREEMENT

Student/Participant Name _____

Date of Birth _____ Gender _____

Parent/Guardian Name _____

Home Address _____

Home Phone _____ Business Phone _____

Parish: St. Mary of the Lake Church

Date of Event: July 22, 2021

Destination: Feed My Starving Children (Eagan)

Individual(s) in Charge: Justin Kelly

Estimated Time of Departure: 8:00 AM Return: 12:00 PM

Mode of Transportation To & From Event: Bus

Student Cost: \$25 (may be included in the Summer BLAST fee)

I, _____, grant permission for _____
Parent or Guardian Name Child Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify St. Mary of the Lake Church and the Archdiocese of Saint Paul and Minneapolis from any claims or lawsuits brought against St. Mary of the Lake Church/Archdiocese of Saint Paul and Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and the Archdiocese in defense of such a claim/suit.

Note: The Youth Ministry policy for handling problems related to drugs/alcohol is as follows: If a youth is suspected of possessing or using alcohol/drugs on or during an activity/event, he/she will be asked to submit to a search of his/her possessions and person. If permission for the search is not granted, the parents will be called to take the youth home. If caught with drugs or alcohol the parents will be notified after the police have been called.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at

the above numbers, contact _____
Name Phone Number

MEDICAL INFORMATION:

Medication my child is taking at present _____

Allergies _____

Other Medical Conditions _____

Family Health Plan carrier number _____

Family Doctor Phone Number _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Signature Date