

**St. Thomas More School  
788 Ohio Pike  
Cincinnati, OH 45245**

**FIELD TRIP PERMISSION FORM**

Teachers: **Mrs. Boeckman, Miss Ellis, and Mrs. Jaehnen**

Grades: **4 and 5**

Destination: **Matthew 25 Ministries**  
Address: **11060 Kenwood Rd.  
Cincinnati, Ohio 45242**

Phone: **513-793-6256**

Purpose: **Service Project**

Date: **Tuesday, February 15 (rescheduled date)**

Method of Transportation: **West Clermont Bus (provided by PTO)**

Departure from School: **9:30 am**

Return to School: **12:30 pm**

Meals: **Will return to STM in time to eat at school.**

Dress Code: **school uniform**

Cost per Student: **Free**

Emergency Phone Number where students can be reached: 513-753-2540  
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PLEASE COMPLETE AND RETURN THIS PORTION TO SCHOOL

I hereby request that my child \_\_\_\_\_ who is in homeroom \_\_\_\_ be allowed to participate in the field trip to **Matthew 25 Ministries**.

I agree to hold harmless the staff of St. Thomas More School and its employees and volunteers and the Archdiocese of Cincinnati from all liability arising from or related to any illness or injury incurred by my child while participating in or traveling to or from this activity. I understand that my child is obligated to cooperate with all staff and volunteers assisting or directing this activity or transportation.

Parents' Emergency Phone Numbers \_\_\_\_\_ or \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

# NEW VOLUNTEER WAIVER

This waiver should be completed prior to your first time volunteering with Matthew 25: Ministries, and updated yearly after that.

I, \_\_\_\_\_, in consideration of my participation in volunteering at Matthew 25: Ministries, represent and agree that:

1. *It is my desire to further the work of Matthew 25: Ministries by performing services as a volunteer. As a volunteer, I understand that I am not an employee of Matthew 25: Ministries and I understand this role does not include compensation or payment of any kind.*
2. *I am prepared physically, emotionally, mentally and spiritually for this volunteer experience. I will be flexible and have a servant attitude.*
3. *I understand that all supplies, materials, property, and products – including all items donated to Matthew 25: Ministries – are for the purpose of helping those in need and may not be damaged or removed from company premises.*
4. *I confirm that I have not been convicted of any crime involving a sex offense or any felony. If I am convicted of such a crime in the future, I will inform Matthew 25: Ministries prior to returning to volunteer.*
5. *I grant to any of the Matthew 25: Ministries leaders or their contracted agents the right to represent me in decisions relating to my welfare or the group welfare during my volunteer experience. I will follow the suggestions made on my behalf.*
6. *I hereby grant any of the Matthew 25: Ministries leaders or their contracted agents my permission to authorize emergency medical treatment and medication on my behalf. I will not hold any of the Matthew 25: Ministries leaders or their contracted agents responsible for the results of such treatment, medications or decisions made on my behalf.*
7. *I am aware of the hazards and risks to myself and to my property associated with this volunteer experience. I accept these conditions with full awareness and I assume all risks of death, injury, illness, and personal property loss or damage associated with such risks. I agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate.*
8. *I am aware that my actions, whether directed by Matthew 25: Ministries leaders or otherwise, expose me personally to liabilities and possible litigation. I accept this risk and understand that Matthew 25: Ministries is not responsible for defending or indemnifying me for claims or allegations brought against me. I certify that I have in place adequate insurance protection which includes a homeowners or tenant policy that provides personal liability protection.*
9. *I grant permission to Matthew 25: Ministries to use my image, likeness, and the sound of my voice as recorded during my volunteer experience by still photography, audio or video in publications, social media or other media material used, produced, or contracted by Matthew 25: Ministries. I understand that I will not receive payment or other compensation for the use of my image or recording.*
10. *I understand that Matthew 25: Ministries reserves the right to ask volunteers and volunteer groups to leave the premises and/or not return for any reason deemed sufficient by Matthew 25: Ministries.*
11. *I waive any and all claims for damages against Matthew 25: Ministries or Matthew 25: Ministries leaders arising from death, injury, illness, inconvenience, or in property damage or loss for any reason including but not limited to any negligent act or acts of Matthew 25: Ministries or Matthew 25: Ministries leaders which may in any way cause death, injury, illness, inconvenience or property damage or loss to me. I have read this release in its entirety, understand its contents and agree to them of my own free will.*

12. *Governing Law/Venue: In accepting service from us then this agreement shall be governed only by the laws of the State of Ohio. Venue for any action hereunder shall be in Hamilton County, of the State of Ohio.*

**Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

The novel 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. Matthew 25: Ministries ("M25M") has put in place preventative measures to reduce the spread of COVID-19, based on recommendations from federal, state, and local governments and federal and state health agencies; however, M25M cannot guarantee that you or your child(ren) or dependent(s) will not become infected with COVID-19. Further, attending M25M could increase your risk and your child(ren)'s or dependent(s)' risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) or dependent(s) and I may be exposed to or infected by COVID-19 while at M25M and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at M25M may result from the actions, omissions, or negligence of myself and others, including, but not limited to, M25M employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or dependent(s) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) or my dependent(s) may experience or incur in connection with attending M25M ("Claims"). On my behalf, and on behalf of my child(ren) or my dependent(s), I hereby release, covenant not to sue, discharge, and hold harmless M25M, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of M25M, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after attending M25M.

In addition, I voluntarily agree that neither I nor my child(ren) nor my dependent(s) will visit M25M if they or I (i) experience symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, (ii) have a suspected or diagnosed/confirmed case of COVID-19, or (iii) have been exposed within the past 14 days to any person who has a suspected or confirmed case of COVID-19. I agree to notify M25M immediately if my child(ren) or my dependent(s) or I believe any of the foregoing restrictions may apply.

Name of Participant (Please Print) \_\_\_\_\_

Total Hours Volunteering Today (per family member) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

Minor dependents included on this waiver: \_\_\_\_\_