



**ST. PAUL CHUNG 2022-2023 CCD PARENT AGREEMENT, RELEASE &  
ACKNOWLEDGEMENT OF RISK**

**Use of Vehicles:** I further acknowledge, with regard to any personal vehicle driven by me or which I am a passenger in, that in the event of an accident, there is no coverage afforded to me through the Diocesan Master Insurance Program for liability or physical damage sustained to any vehicle involved or liability incurred by me while operating my vehicle. I acknowledge that if I choose to park at any Diocesan facility, I do so at my own risk.

**Reimbursement of Medical Expenses:** I recognize and acknowledge there is no student accident coverage nor is there any medical payments coverage available to me in order to compensate me for expenses I incur from deductibles, co-payments, prescription drugs, or medical services not covered through my own health insurance provider(s) for any injury I sustain as a result of performing my services. I agree that any medical coverage(s) I have will be primary and under no circumstance will I seek any contribution from the Diocese, or their insurer, for any medical expenses.

**Informed Consent to Medical Treatment:** In the event of an injury, I hereby give the Diocese of Arlington and/or its parish(es) full authority to take whatever action they feel is warranted under the circumstances regarding my health and safety, if I am not in a condition to give informed consent including but not limited to the application of emergency medical procedures, the admittance to a hospital, or the care of a medical professional at my expense.

**Safety:** Further, I agree to follow all procedures and safety precautions set forth by the Diocese and the parish(es) in addition to ensuring the protection of minors from sexual misconduct and/or child abuse in order to conform with the requirements adopted by the United States Conference of Catholic Bishops and Catholic Diocese of Arlington Policy on the Protection of Children/Young People and Prevention of Sexual Misconduct and/or Child Abuse.

**Photo:** Also, I authorize the Diocese of Arlington and the parish of St. Paul Chung to use my child's picture or video recording for educational and/or marketing purposes. Parents/guardians who do not wish their child to be photographed or filmed will notify the parish in writing.

I freely execute this Acknowledgment with full knowledge of its content.

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Signature of Parent or Guardian

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Date

