



SUMMER GATHERING
8/7/2021 Saturday 10am – closing
Holy Face Monastery
Clifton, NJ

Attendance Waiver FORM

PARENTAL CONSENT (required if under 18 years old)

I/We hereby/mutually consent that my son/daughter _____

will attend the SUMMER GATHERING on Saturday (August 7, 2021) at [Holy Face Monastery in Clifton, NJ], given by the KFI-M.E. MINISTRY, INC.

Should emergency medical treatment be necessary and I am unable to be contacted immediately, I authorize the delegated agents of the KFI-M.E. MINISTRY, INC., to act on my behalf and approve appropriate treatment.

I specifically waive any and all claims of any nature that I may have against the KFI-M.E. MINISTRY, INC. - including but not limited to, claims that may be derived from any accident or injury sustained by my son/daughter to, during and/or returning from the stated SUMMER GATHERING.

I further understand that the institution's representatives are NOT permitted to dispense medication, unless official documentation is provided.

Participant's Signature

Parent/Guardian's Signature
(required by everyone)
(required if under 18 years old)

*Please list any information about your child attending the "SUMMER GATHERING" that needs special attention (diet, requirements, medication, or allergies, etc.):

COVID-19 Liability Waiver

I acknowledged the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I further acknowledge that KFI-M.E. MINISTRY, INC. has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. I further acknowledge that KFI-M.E. MINISTRY, INC. cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself, others, and their families. I voluntarily seek services provided by KFI-M.E. MINISTRY, INC. I acknowledged that I am increasing my risk of exposure to the Coronavirus/COVID-19. I acknowledged that I must comply with all set procedures to reduce the spread while attending the gathering.

I attest that:

I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

I have not traveled internationally within the last 14 days.

I have not traveled to a highly impacted area within the US in the last 14 days.

I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as noncontagious by state or local public health authorities.

I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold KFI-M.E. MINISTRY, INC. harmless from and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the office, or that may otherwise arise in any way in connection with any services received from KFI-M.E. MINISTRY, INC. I understand that this release discharges KFI-M.E. MINISTRY, INC. from any liability or claim that I, my heirs, or any personal representatives may have against the office with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from KFI-M.E. MINISTRY, INC. this liability waiver and release extends to the entire organization.

Participant's Signature

Parent/Guardian's Signature
(required by everyone)
(required if under 18 years old)