Our Lady of the Assumption Catholic Church
Brookhaven, GA

Sunday Mass Nursery Parent/Guardian Consent, Release & Hold Harmless Agreement

The Mass Nursery is provided as a service to parents and guardians attending Mass at Our Lady of the Assumption Catholic Church ("OLA"). By enrolling or leaving a child in the Mass Nursery, the undersigned parent or legal guardian acknowledges and agrees to the following:

Child(ren) Information

Child's Name 1: _____

Date of Birth Child 1 : _____ Age Child 1 : _____

Allergies, medical concerns, or special instructions Child 1:

_____

_____

Child's Name 2: _____

Date of Birth Child 2 : _____ Age Child 2 : _____

Allergies, medical concerns, or special instructions Child 1:

_____

_____

Parent/Guardian Name(s): _____

Cell Phone During Mass: _____

Parent/Guardian Agreement
I understand that reasonable care and supervision will be provided for my child while participating in the OLA Mass Nursery. I acknowledge, however, that participation in nursery activities involves ordinary risks associated with childcare, including but not limited to falls, minor injuries, illness, allergic reactions, or interaction with other children.

I voluntarily authorize my child to participate in the Mass Nursery and assume the ordinary risks associated with such participation.

To the fullest extent permitted by law, I release, indemnify, and hold harmless Our Lady of the Assumption Catholic Church, the Archdiocese of Atlanta, and their clergy, employees, nursery

workers, volunteers, agents, and representatives from claims, liabilities, damages, or expenses arising from my child's participation in the Mass Nursery, except to the extent resulting from gross negligence, reckless conduct, or intentional misconduct.

Medical Authorization
In the event of an illness, injury, or medical emergency, I authorize OLA staff or volunteers to contact me immediately using the information provided above. If I cannot be reached and emergency treatment is reasonably necessary, I authorize OLA representatives to contact emergency medical services and consent to reasonable emergency care for my child until I can be reached.
I understand that I am responsible for any medical expenses incurred on behalf of my child.

Nursery Policies
I acknowledge that I have received or have access to the OLA Mass Nursery Policies and agree to follow all published policies and procedures. I understand that these policies may be updated from time to time to support the safety and well-being of children, families, staff, and volunteers.

Acknowledgment
I certify that I am the parent or legal guardian of the child listed above and have authority to enter into this agreement. I have read and understand this Parent/Guardian Consent, Release & Hold Harmless Agreement and voluntarily agree to its terms.

Emergency Contact (other than parent/guardian):

Name: _____ Phone: _____

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

For Parish Use

Date Received: _____

Staff/Volunteer Initials: _____