

Camper Information Form

Camper's Name: _____

Parent / Guardian's Name: _____

Phone Number: _____

Email: _____

Emergency Contact: _____

Phone Number: _____

Waivers & Agreements

Photo & Video Release Agreement

I hereby authorize Catholic Youth Camp (CYC), to publish photographs and video taken of myself and/or my child(ren) while I and/or my child(ren) is/are on site at CYC and their names and likenesses, for use in CYC print, online, and video marketing materials, as well as other CYC publications.

I hereby agree to the content of the agreement as stated above:

Signature: _____ **Date:** _____

COVID-19 Pandemic Notice & Acknowledgement of Risk

Our goal is to provide a safe environment for our youth, parents and staff, and to advance the safety of our local community. This document provides information we ask you to acknowledge and understand regarding the COVID-19 virus.

The COVID-19 virus is a serious and highly contagious disease. The World Health Organization has classified it as a pandemic. You could contract COVID-19 from a variety of sources. We want to ensure you are aware of the potential risks of contracting COVID-19 associated with youth gatherings of any kind and at Catholic Youth Camp.

The COVID-19 virus has a long incubation period. You, your child, camp staff, and camp volunteers may have the virus and not show symptoms and yet still be contagious. Determining who is infected by the COVID-19 is challenging and complicated due to limited availability for virus testing.

We will be following CDC guidelines for events and gatherings. We truly care for the health and safety of all children and want what is best for your child. We have implemented increased health and safety practices to prevent the spread of respiratory viruses.

ACKNOWLEDGEMENT:

I confirm that I have read the Notice above and understand and accept that there is a risk of contracting the COVID-19 virus during Catholic Youth Camp for myself and my child.

I understand and accept the potential risk of contracting COVID-19 from contact at this facility.

I also acknowledge that my child and/or I could contract the COVID-19 virus from outside of this facility and unrelated to my child's participation here.

I have read and understand the information stated above.

I hereby agree to the content of the waiver as stated above:

Signature: _____ **Date:** _____

Permission, Release and Waiver of Liability,
Assumption of Risk and Indemnity Agreement

IN CONSIDERATION of the ability of a minor child ("Camper") to participate in Saint Thomas More Camp (the "Camp"), each of the undersigned for himself/herself, his/her personal representatives, heirs, and next of kin:

- 1. Acknowledges, agrees, and represents that he/she is a parent or legal guardian of the Camper.*
- 2. Acknowledges, agrees and represents that he/she gives permission for the Camper to participate in all aspects of the Camp.*

3. *HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE Saint Thomas More (Catholic Youth Camp), its employees, instructors, or agents, or other owners or lessees of the premises and equipment used in the Camp and others who give recommendations, directions or instructions or engage in risk evaluation, loss control or insurance activities regarding the premises, equipment or any activity associated with the Camp, and each of them, their directors, officers, agents and employees, all for the purposes herein referred to as "Releasees," FROM ALL LIABILITY TO THE UNDERSIGNED, his/her personal representatives, assigns, heirs, and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFORE ON ACCOUNT OF INJURY TO THE MINOR IDENTIFIED ABOVE OR PROPERTY OR RESULTING IN DEATH OF THE MINOR IDENTIFIED ABOVE ARISING OUT OF OR RELATED TO USE OF AND/OR PARTICIPATION IN THE CAMP WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.*
4. *HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them FROM ANY LOSS, LIABILITY, DAMAGE, OR COST they may incur arising out of or related to the above-named minor's participation in the Camp, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.*
5. *HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising out of or related to the Camper's participation in the Camp, WHETHER CAUSED BY THE NEGLIGENCE OR RELEASEES OR OTHERWISE.*
6. *HEREBY acknowledges the Camper's participation in the Camp may be dangerous and involve the risk of serious injury and/or death and/or property damage. He/she acknowledges the Camper is voluntarily participating in the Camp with the undersigned's full knowledge of the dangers involved, and the undersigned hereby agrees to accept ANY AND ALL RISKS of property damage, personal, injury, and/or death arising out of or related to the Camper's participation in the Camp, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. He/she also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES and hereby agrees to accept ANY AND ALL RISKS of property*

damage, personal injury, and/or death arising out of or related to such rescue operations or procedures of the releasees.

- 7. HEREBY agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to ALL NEGLIGENT ACTS by the Releasees, and is intended to be as broad and inclusive as is permitted by the laws of the State of Iowa, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.*
- 8. HEREBY agrees to indemnify and save and hold harmless the Releasees and each of them from any loss, liability, damage, or cost they may incur arising out of related to any loss of consortium claim brought by his/her spouse and/or children brought as a result of or related to the Camp, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. The undersigned specifically recognizes and agrees that loss and cost described in this paragraph includes reasonable attorney's fees, expert expenses and litigation costs incurred in the defense of any loss of consortium claim identified above.*
- 9. HEREBY agrees that in the event the Camper sustains any injury or illness in connection with the Camp the undersigned hereby authorizes first aid, medicine, medical treatment or surgery deemed necessary.*
- 10. HEREBY consents to allow any pictures, videos and/or voice likenesses of the Camper to appear in any document or promotional materials of Saint Thomas More Camp without any compensation to the undersigned.*

ACKNOWLEDGEMENT:

I CERTIFY THAT I HAVE READ THIS PERMISSION, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT.

I CERTIFY THAT I FULLY UNDERSTAND ITS TERMS AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT.

I AM OF LEGAL AGE AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT MY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME.

I INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signature: _____ **Date:** _____

Medical & Non-Prescription Medication Agreement

By agreeing electronically, you acknowledge that you have both read and understood all text presented to you as part of the registration process.

I verify that all the above information is correct and accurately reflects the health status of the camper to whom it pertains. I understand that first aid will be available at the camp; that if a serious illness or injury develops, medical and/or hospital care will be given. However, the camp staff is not responsible in case of accidental injury or illness. I further understand that in case of serious injury or illness we will be notified, but if it is impossible to contact us, we give permission for emergency treatment or surgery as recommended by attending physician. I further understand that I am responsible for payment of any doctor and/or hospital fees arising from the treatment of my child. To assist the doctor and/or hospital in that task we provide this information. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

I hereby grant permission for nonprescription medication to be given to my child, if deemed necessary by camp staff.

I CERTIFY THAT I HAVE READ THIS PERMISSION, First Aid & Non-Prescription Medication Agreement.

I CERTIFY THAT I FULLY UNDERSTAND ITS TERMS AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT.

I AM OF LEGAL AGE AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT MY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME.

I INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Parent Signature: _____

Date: _____