

COST: \$100
T-Shirt Size: _____

Parental Consent for Youth to Participate in Activity, Emergency Medical Information, and Release

Participant: _____ (name)

Parents: _____ (names),
for themselves, heirs, executors, and administrators.

Event: _____

Parish/School: _____, located in
_____ (city), Texas, a Texas non-profit corporation,
including its faculty, employees, contractors, clergy, agents, facilitators, and volunteers

Diocese: The Catholic Diocese of Austin, a Texas non-profit corporation, including its employees, contractors, clergy, agents, facilitators, and volunteers.

Transportation Provider: _____

- A. The undersigned represent that they are the parents or legal guardians of *Participant* and have full authority under law to sign this document.
- B. *Parents* grant their permission for *Participant* to enroll and participate in the *Event*.
- C. *Parents* acknowledge and agree that:
- (1) *Participant* and *Parents* voluntarily seek to participate in the *Event*;
 - (2) the *Event* may involve physical activity that involves risk of injury;
 - (3) *Participant* and *Parents* will abide by all policies and rules established for *Event* and instructions of those persons facilitating, organizing, or overseeing the *Event*;
 - (4) *Parents* and *Participant* are responsible for *Participant's* conduct during the *Event* and are responsible for any damages, claims, or other costs caused by *Participant* or incurred as a result *Participant's* conduct; and
 - (5) if *Participant's* conduct is inappropriate, unsafe or detrimental to the *Event*, other participants or other persons, *Parish/School* or the *Diocese* may be suspend or expel *Participant* from the *Event* and future events.
- D. Unless this paragraph is struck and initialed by the undersigned, *Parents* authorize *Parish/School* and the *Diocese* to provide over-the-counter aspirin, pain relievers, cold medicine, and other over-the-counter medications to *Participant* at *Participant's* request if the *Parish/School* or *Diocese* deem it reasonable to do so. The *Parish/School* will make reasonable attempts to notify *Parents* prior to authorizing any such over-the-counter medication.
- E. In the event of an emergency or a situation that is reasonably considered to be an emergency, *Parents* authorize the *Parish/School* and the *Diocese* to seek and authorize emergency medical care to be given to *Participant* (for example, first aid, medication, anesthesia, or surgery). The *Parish/School* will make reasonable attempts to notify *Parents* prior to authorizing any such emergency care.
- F. *Parents* grant *Parish/School* and the *Diocese* permission:
- (1) to photograph and video tape *Participant* during the *Event*; and
 - (2) to use the photographs and video tapes in publications and promotions of the *Parish/School* and the *Diocese*, including but not limited to publications such as websites, newsletters, advertisements, scrapbooks, and yearbooks.

G. To the extent permitted by law, *Parents*, for themselves and for *Participant*, release and agree to indemnify and hold harmless the *Parish/School*, the *Diocese*, and the *Transportation Provider* from any and all liability, claims, demands, and costs which may arise as a result of *Participant's* participation in the *Event* or which is, in any way, related to such participation. This paragraph covers loss under any theory of loss (negligence or otherwise) including but not limited to personal injury or property damage. *Parents* and *Participant* assume all risk of injury or loss to themselves or their property.

Parent/Guardian signature: _____ Date: _____
Parent/Guardian signature: _____ Date: _____
Participant signature: _____ Date: _____

Please provide the following information.

EMERGENCY CONTACT AND INSURANCE INFORMATION

In the event of an emergency contact: _____

Phone: _____

Alternatively, contact: _____

Phone: _____

Participant's Insurance Carrier: _____

Phone: _____

Address: _____

Copy of insurance card must be attached.

Date of last Tetanus Booster: _____

Participant has the following conditions (allergies, medical conditions, etc.): _____

Attach additional sheets if necessary.

Participant is currently taking the following medication: _____

Attach copies of prescription and any instructions related to the medication, including the amount and timing of dosages.

Special instructions or other information: _____

Office Notes

**Camp Buckner Hill Country Retreat Center
Indemnification and Release Form**

Buckner Children and Family Services, Inc., d/b/a ("Camp Buckner") requires that all participants, and parents, guardians, and managing conservators of a minor child(ren) who participate in activities while staying at Camp Buckner sign this Indemnification and Release Form.

The undersigned agree that they and their child(ren) shall be subject to the policies and procedures of Camp Buckner regarding all activities as attached and/or posted prior to participation in order to maintain the utmost level of safety for the participant.

The undersigned acknowledge and understand the following:

- 1) During Swimming Pool, Blob, Water Slide, Canoeing, Kayaking, Archery, Hiking and General Athletic Sports, and any other activities of any kind or nature, certain risks and dangers are present.
- 2) These risks of activities may include physical and psychological damage and/or injury including fatality, due to accidents which may occur resulting from participation in such activities.

In consideration of me and/or my child's (ren's) participation and as allowed by State law, I (We) have and do hereby assume all of the risks of my and/or our child's (ren's) participation in all activities (even if a lifeguard is on duty) including, but not limited to Swimming Pool, Blob, Water Slide, Canoeing, Kayaking, Archery, Hiking, and General Athletic Sports. I (We) shall hold Buckner Children and Family Services, Inc., d/b/a Camp Buckner, its employees, agents, directors, officers, and affiliates harmless from any and all liability, actions, causes of actions, claims, and demands and expenses (including reasonable attorney's fees) of every kind and nature whatsoever, whether for bodily injury, property damage or loss or otherwise, which I, we and/or my child(ren) now has or which may arise from or in connection with participation in Camp Buckner's programs and activities.

In consideration of me and/or my child's(ren's) participation in all Camp Buckner activities, I (We) hereby release, waive and discharge Buckner Children and Family Services, Inc., d/b/a Camp Buckner, its officers, directors, employees and affiliates from and against any and all claims or liability for injury or events resulting in bodily injury or death to me and/or my child(ren), and whether caused by the negligence of Camp Buckner, its officers, directors, or employees, or otherwise. This release is specifically intended to be binding upon my heirs, personal representatives and next of kin.

Group name: _____

Date Signed: _____

Print Name of Participant

Signature of Participant

Print Name of Child(ren)

Print Name of Child(ren)

Print Name of:
Parent
Guardian
Managing Conservator

Signature of:
Parent
Guardian
Managing Conservator

