

## Teen Club Workcamp Release of All Claims

I hereby give permission for, \_\_\_\_\_ (print participant name) to participate in the St. Catherine of Alexandria/St. Germaine Youth Group with Sacred Heart Church/Mission Workcamp trip to Pembroke (Hopkins Park), Illinois and subsequent free days from July 27-29, 2018. I hereby release and indemnify the Archdiocese of Chicago and St. Catherine of Alexandria Parish, St. Germaine Parish and St. Catherine of Alexandria/St. Germaine Youth Group for this trip, its staff and volunteers; and the Catholic Bishop of Chicago, a corporation sole, from any and all liability arising from claims of any kind or nature whatsoever from my son/daughter's participation in the workcamp including all liability, claims, demands for personal injury, sickness, death, as well as property damage and expenses of any nature whatsoever, which may be incurred by the undersigned or the teen participant resulting from said person's participation in the described workcamp, including travel between the teen's home and the camp, free day activities, excursions from the camp and anytime spent at the camp. Furthermore, I(we) (and on behalf of our teen-participant if under the age of 21 years) hereby assume all risk of said personal injury, sickness, death, damage and expenses as a result of participation as above set forth. Further, authorization and permission are hereby given to said organization to furnish any necessary transportation, food, and lodging for and to assign work projects to this participant. The undersigned further agrees to hold harmless and indemnify St. Catherine of Alexandria Parish and St. Germaine Parish and Teen Club and associated social agencies and work centers for any loss, claim, liability, damage, including property damage or injury whatsoever incurred by the teen-participant as a result of the negligent, willful or intentional acts of said participant, including reasonable attorneys fees and other expenses incurred attendant thereto.

If the participant has not attained the age of 21 years: I (we) am (are) the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission for him(her) to participate fully in said workcamp, and hereby give my(our) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including, but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills. I give permission for my child to be transported in privately owned vehicles or in public transportation and for the release of medical records to an attending physician in case of illness. Further, should it be necessary for the participant to return home due to disciplinary action, for medical reasons or otherwise, I (we) hereby assume and indemnify St. Catherine of Alexandria Parish, St. Germaine Parish and Teen Club for all transportation costs.

I (we) am (are) aware of no physical, mental or emotional problems which would limit participation in or work performance during the workcamp. I (we) am (are) fully aware of the nature of the work to be undertaken during the workcamp.

St. Catherine of Alexandria/St. Germaine Teen Club will utilize reputable volunteer chaperones that have been background checked and Virtus trained and take reasonable precautions to safeguard the workcamp participants during the week of workcamp. However, neither St. Catherine of Alexandria/St. Germaine Teen Club, Parish, associated social agencies nor the parish acting as "home base" will be liable for loss or damage to property of participants prior to, during, or following the workcamp due to theft, fire, accident or any other cause beyond its control.

I understand that if my child violates any laws regarding possession of **alcohol or drugs, or rules governing the event**, I will be called and notified about situation and/or arrangements made to send my child home at my expense immediately.

\_\_\_\_\_  
PARTICIPANT'S NAME

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
CUSTODIAL PARENT SIGNATURE  
(IF UNDER 21 YEARS OF AGE)

\_\_\_\_\_  
PARENT'S DAYTIME EMERGENCY PHONE #

**MEDICAL AUTHORIZATIONS**

In the event that the undersigned cannot be reached, and in the judgment of the responsible adults or other appropriate staff members accompanying the group. If there is a necessity for immediate examination and/or treatment of my child. I hereby authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary.

**I GRANT PERMISSION** for the adult chaperones for this event to administer non-prescription drugs as needed for my teen (aspirin, ibuprofen, antacids, etc.) \_\_\_\_\_ YES \_\_\_\_\_ NO

**I AUTHORIZE THE** St. Catherine of Alexandria Parish, St. Germaine Parish and Teen Club to use photographs/videos of my child for productions, publications, and etc. including St. Catherine of Alexandria, St. Germaine Web Page. \_\_\_\_ YES \_\_\_\_ NO

**EMERGENCY CONTACT:**

**NAME OF EMERGENCY CONTACT** \_\_\_\_\_

Relationship \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

**NAME OF PHYSICIAN** \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

**INSURANCE INFORMATION:**

Policy in the Name of \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance company \_\_\_\_\_ ID # \_\_\_\_\_

**HEALTH INFORMATION:**

Allergies: \_\_\_\_\_ Current Med \_\_\_\_\_

Other Comments \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Youth Signature \_\_\_\_\_ Date \_\_\_\_\_

T-Shirt Size: \_\_\_\_