St. Joseph

Cottleville MO

*Please mail or return to:*

### St. Joe Cottleville LIfe Teen

1355 Motherhead Rd.

F: 636.926.7341

P: 636.441.0055 ext. 151

St. Joseph Life Teen Summer Fun Camp 2021

Participant Waiver

**Participant’s Information:** (please print)

### Last Name: WAIVER:

### First Name: Address: City: State: Zip Code: Phone#:

I, , am either an emancipated adult or the parent or guardian of a minor child who will be participating in the St. Joseph Cottleville Life Teen Christ Power Camp 2021. I am fully aware that my own/my child’s participation in The Event is totally voluntary. In consideration of St. Joseph Cottleville LIfe Teen’s agreement to permit me/my child to participate in The Event, the receipt and suﬃciency in which consideration is hereby acknowledged, I agree as follow

I, Individually, and on behalf of my minor child, if applicable, and our respective heirs, successors, assigns and personal representatives, hereby

1. Release, acquit and forever discharge St. Joseph Cottleville Parish and their employees, agents, servants, oﬃcers, and representatives, in their oﬃcial and individual capacities from any and all liability whatsoever for any and all damages, losses or injuries to persons or property or both which arise out of, during or in connection with my/my child’s participation in The Event which may be suﬀered by me/my child or any person in connection with my/my child’s association with, or participation in, activities at, sponsored by, or arising out of my/his/her travel to or from The event;

### Birth Date:

**Health Information:**

**Gender: M or F**

1. agree to indemnify, defend and hold harmless St. Joseph Cottleville Parish and their em

ployees, agents, servants, oﬃcers, trustees and representatives, in their oﬃcial and individual capacities, from any and all liability, loss or damage they incur or sustain as a result of any claims, demands, actions, causes of action judgments, costs or expenses, including attorneys fees, which result from arise out of relate to my/my child’s participation in The event.

I hereby acknowledge and accept that:

1. There are certain risks arising from various activities, including but not limited to bodily injury, that could result from my/my child’s participation in The event. I have knowingly and voluntarily decided to assume the risks of these inherent dangers in consideration ofSt. Joseph

Doctor:

Doctor Phone #: Insurance Co.: Insurance ID#: Insurance Group #: Cardholder’s Name:

**Participants Chronic Medical Problems**

**Participant’s Physical Restrictions (include food allergy)**

Cottleville Parish permission to allow me/my minor child to participate in The event;

1. My and, if applicable, my child’s personal property is at my risk entirely;
2. Life Teen reserves the right to decline to accept or retain me/my child in The event at any time should my/his/her actions or general behavior impede the operation of The event or the rights or welfare of any person. I understand that I/my child may be required to leave The event in the sole discretion of St. Joseph Cottleville’s agents and representatives. In such an event, no refund will be made for any unused portion of The event. I understand that St. Joseph Cottleville Life Teen, in its sole discretion, reserves the right to cancel The event or any aspect thereof prior to commencement.

I represent and warrant that I am/my child is covered throughout The event by a policy of comprehensive health and accident insurance which provides coverage for injuries which I/he/she may sustain as part of my/his/her participation in The event. I agree to complete the HEALTH INFORMATION above to the best of my ability and, by its completion, I hereby release and discharge St. Joseph Cottleville LIfe Teen of all responsibility and liability for any injuries, illnesses, medical bills, charges or similar expense/he/she may incur while participating in The event. By completing the form, I hereby authorizeSt. Joseph Cottleville Life Teen to obtain any necessary medical treatment to myself/my child, consent to any necessary exami- nation, treatment, or care under the supervision and/or advice of any properly licensed medical profes- sional and explicitly authorize St. Joseph Cottleville Life Teen to release medical information about me/ my child to any person or entity to whom St. Joseph Cottleville LIfe Teen refers me/my child for medical treatment.

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**In signing this agreement, I hereby acknowledge and represent that i have read this entire docu- ment, that i understand its terms and provisions, that I understand it aﬀects my legal rights as well as, if applicable, those of my child, that it is a binding agreement, and that I have signed it know- ingly and voluntarily.**

Signing also allows the media release for pictures taken during camp, by camp staﬀ, for slide show and promotional material used on the internet.

**Signature :**

**Parent / Guardian Info:**

Contact Name:

**Print Name: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Phone #: