

Holy Rosary St. Richard Catholic Church & School

Summer Camp 2024 South Campus

Child's Name: _____ Date of Birth: _____

Grade Entering Next Year: _____ Additional Information (i.e., allergies, etc.): _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Email: _____

Phone Number/s Cell: _____ Home: _____

Parent/Guardian: _____ Email: _____

Phone Number/s Cell: _____ Home: _____

Emergency contact: if parents cannot be reached, please contact the following person/s to whom my child may be released to:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

I hereby freely and voluntarily consent to participant's participations in the summer camp described above. I agree to assume all financial responsibility for participation in the activities and hold HRSR Camp, and all of their corporate members, affiliated entities, employees, officers, directors, and agents ("Sponsors") harmless for all costs incident to participations in this summer camp.

I, the undersigned, on behalf of the participant in the summer camp described above, do waive and release Sponsors from liability for any injury accident, or damages caused by any vehicle, weather, sickness, or otherwise stemming from any act or omission of any individual. I also release Sponsors and agree to indemnify them with regard to any financial obligations incurred by participant's acts or omissions.

I understand that summer camp activities involve some risks, and I hereby agree to assume and consent to such risks. I hereby waive and release Sponsors for any injuries, damages, or losses incurred in connection with actions, omissions, conditions, or developments within or outside Sponsors' control. By my execution of this document, I voluntarily assume all risks involved in such activities, whether expected or unexpected. I hereby acknowledge that I have been warned of such risks, and that I have been advised to take appropriate action and to govern myself accordingly.

I hereby grant Sponsors full authority to take whatever actions they may consider in their sole discretion to be warranted under the circumstances concerning participant's health and safety and I specifically and fully

release each of them from any liability for such decision or actions as may be taken in connection therewith. I authorize Sponsors at their discretion to place participants, at my own expense and without further consent, in a hospital that is readily available, and to place participant in the hands of a local physician for treatment should the need arise at my expense.

I agree to comply fully with the rules and Sponsors, and I agree that Sponsors have the right to enforce their standards of conduct as determined and interpreted in their sole discretion, and that, should participant fail to comply with them, Sponsors have the right to terminate participant's participation in the program. In addition, I acknowledge the right of Sponsors to terminate participant's participation at any time for failure to maintain standards or for any actions or conduct for which Sponsors deem incompatible with the interest, harmony, comfort, and welfare of other participants.

All references in their release to Sponsors shall also include all of their administrators, employees, volunteers, and agents. All references to the parents of the participant include the legal guardians or other adults responsible for the participant.

I hereby grant Sponsors the right to photograph and/or videotape participants and further to use participant's name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, and promotional materials without any reservations, limitation, or considerations. This waiver specifically releases any common law causes of action or claims under Fla. Stat. 540.08 and expressly constitutes written consent to publication of my name, face, likeness, voice, and appearance.

I have read the terms and conditions set forth by Sponsors and I agree that this constitutes a part of any agreement with Sponsors. I understand and agree to all of Sponsors' terms as set forth in their descriptive information and in this Release.

I certify that I am the parent or legal guardian of the above-named participant and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of this Consent and Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claimed that I may have against Sponsors as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the participant, including without limitations any claims arising as a result of the participants leaving the supervision of Sponsors. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Parent and/or Guardian: Your signature indicates that the above information is correct and that you and your child will abide to the policies of Holy Rosary St. Richard Summer Camp.

Name of Parent/Guardian/Please Print

Signature of Parent/Guardian

Date: _____