

COMPLETE AND RETURN BY APRIL 15

**CATHOLIC YOUTH SUMMER CAMP, INC.
RELEASE, INDEMNIFICATION, AND MEDICAL AUTHORIZATION AGREEMENT
FOR PARTICIPATING MINORS**

Name of Minor Participant _____
Date of Birth ____ / ____ / ____ Male Female Grade ('08-'09) School Year _____
Dates Attending Camp _____
Parish _____
School _____
Name of Parent/Legal Guardian _____
Address _____
City _____ State _____ Zip Code _____
Phone(s) _____
E-Mail _____

As a parent or legal guardian of the above-named participant, I hereby give my permission for my child to participate in Catholic Youth Summer Camp and hereby personally assume all risks in connection with my child's participation in summer camp activities associated with Catholic Youth Summer Camp Inc. and Otyokwah Camp and Retreat Center.

I certify that I am cognizant of the inherent dangers associated with participation in summer camp activities which may include but are not limited to: jet skiing, tubing, boating, swimming, archery, rock wall climbing, mountain biking, hiking, paintball, canoeing, ropes course, grounds initiatives, field games, campfires. Additionally, I acknowledge the fact that certain activities may be subcontracted to vendors located away from and off of Otyokwah Camp and Retreat Center property that will require transportation of my child to such activity locations.

I hereby authorize Catholic Youth Summer Camp Inc. to render or obtain such emergency medical care or treatment as may be necessary should any injury, harm, or accident occur to my child during their participation in summer camp activities. I further authorize Catholic Youth Summer Camp Inc. to administer medications to my child as indicated on the provided Medical Information Form.

I hereby release from all liability, and indemnify and hold harmless Catholic Youth Summer Camp Inc., the Catholic Diocese of Columbus, Otyokwah Camp and Retreat Center, and any employee, agent or representative thereof from any and all liability, actions, causes of actions, claims, judgments, costs or expenses, arising out of or in any way related to injury, illness or loss incurred by the participant while participating in or traveling to or from Catholic Youth Summer Camp 2009.

I further state that I am of lawful age and legally competent to sign this indemnification and release; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document of my own free act and coalition. I further state and acknowledge that I have fully informed myself of the contents of this indemnification and release by reading it before I have signed it.

Parent/Legal Guardian Signature _____ Date _____