

## **RELEASE OF INFORMATION**

1. I, the undersigned parent/legal guardian of the participant named below, consent to the release of personally identifiable information. 2. Specific information to be released may include, but not be limited to: Photos, Name, Parish, School, Grade, City, State, Age, Personal Quotes (i.e. testimonials, etc.), and Parent(s)/Legal Guardian(s) Name(s). 3. Example reasons for release: Promotions, Fundraising, Programming to be potentially released via: Printed materials, brochures, fliers, videos, letters, web site, Newspapers, Radio, Television, Bulletins/Newsletters, or transfer to a third party. 4. Additionally, the undersigned consent to the release of the information listed above by staff, volunteers, and other parties affiliated with Damascus.

## **PERMISSION, INDEMNIFICATION AND RELEASE, AND MEDICAL POWER OF ATTORNEY**

1. I, the undersigned parent/legal guardian of the participant named below, give my permission for my child to participate in this program and hereby personally assume all risks in connection with my child's participation. 2. I am cognizant of the inherent dangers associated with participation in activities which may include but are not limited to: jet skiing, boating, swimming, archery tag, rock wall climbing, mountain biking, hiking, canoeing, ropes course, grounds initiatives, paintball, field games, zip lines, campfires, tool use. Additionally, I acknowledge that certain activities may be subcontracted to vendors located off property that will require transportation of my child. 3. I release from all liability and indemnify Catholic Youth Summer Camp Inc and Damascus Catholic Mission Campus from any and all liability, claims, judgments, costs and expenses, including attorneys' fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from this activity and further agree not to bring or prosecute or allow to be brought or prosecuted (including but not limited to prosecution through subrogation) in my name, or on behalf of my Child, any claims, lawsuits or actions against them. 4. I understand that my Child's participation is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, elect to participate in spite of the risks. 5. I agree to instruct my child to cooperate with the event leadership. 6. I appoint the leadership of this event as my attorney in fact to act for me in my name and my behalf, in any way that I would act if I were personally present, with respect to the following matters if any injury, illness or medical emergency occurs during the event or related travel: (i) To administer medications to my child as indicated on the completed Information Form. (ii) To give any and all consents and authorizations to any physicians, dentist, hospital or other persons or institutions pertaining to any emergency medications, treatments, diagnostic or surgical procedures or any other emergency actions as our attorney shall deem necessary or appropriate for the best interest of the Child. (iii) I understand that the leadership of this event will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child. 7. This power of attorney shall lapse automatically upon completion of the event and related travel. 8. This acknowledgement and release is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This acknowledgement and release shall be construed in accordance with the laws of the State of Ohio, except for the choice of law provisions thereof. 9. I am of lawful age and legally competent to sign this Permission, Indemnification and Release, and Medical Power of Attorney that shall be effective and binding upon me, my Child, and my own and my Child's personal representative or estate, assigns, heirs, and next of kin; 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 volition. I have fully informed myself of the contents of this document by reading it before having signed it.



## **CODE OF BEHAVIOR**

1. Participants may not leave event prior to conclusion unless accompanied by an adult leader or parent/guardian. 2. The possession or use of alcohol, tobacco, drugs, or weapons of any kind is not permitted. 3. Participants must heed directions of leadership. 4. Participants must respect the rights and property of others. Damage to or defacing of property will be the financial responsibility of the participants involved and the participant's parents/legal guardians. 5. Participants must uphold the dignity of others. Inappropriate language, dress, public display of intimate affection, and possession or use of pornographic materials or media is prohibited. 6. All participants agree to be in compliance with policy 200.82 on bullying and 300.30 on harassment available at <http://cysc.com/policy-manual>. 7. Unless otherwise specified, no activity elements are to be used when not in session. 8. All event leadership will be in compliance with this code of conduct and associated policies. 9. Failure to abide by this Code of Behavior and associated policies may result in a request to parents/guardians to transport offending participants from the premises, and the parents/guardians shall immediately comply with the request.

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Participant Name

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Parent/Guardian Signature

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Date