

"Reality C.H.E.C.K." Work Camp 2008

ADULT FORM

RELEASE OF ALL CLAIMS

ADULT FORM

(Must be filled out by every ADULT participant. Print neatly. Please return to Parish Contact person)

Program Purpose: To provide a service experience for students, grades 8-12 utilizing work site and large group settings.

Mode of Transportation: Combination of personal and rented vehicles driven by participating parish's volunteers.

Program Coordinator(s): Ellen Mommaerts, Judy Brown, Peter Leitermann, Becky Pieters,

In consideration for being accepted by "Reality C.H.E.C.K." Work Camp, I(we) being 21 years of age or older, do for myself (ourselves) and for and on behalf of my (our) Young Adult participant (if said person is not 21 years of age or older) do hereby release, forever discharge and agree to forever hold harmless Reality C.H.E.C.K. Work Camp, directors, officers, employees, and agents thereof, from any and 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 of the participant resulting from said persons participation in the above described work camp, (including travel between the persons home and the camp, travel to and from the work sites, free day activities, excursions from the camp and any time spent at the camp.)

Furthermore, I (we) (and on behalf of our Young Adult participant if under the age of 21 years) hereby assume all risk of 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 lodging for and to assign work projects to this participant.

The undersigned further agrees to hold harmless and indemnify Reality C.H.E.C.K. Work Camp, all social agencies and day care centers associated – its host site, directors, officers, employees and agents, for any loss, claim, liability, damage, including property damage or injury whatsoever incurred by Young Adult participant as a result of the negligent, willful or intentional acts of said participant, including reasonable attorney's fees and other expenses incurred attendant thereto.

Medical Treatment

I (we) and (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 work camp, and hereby give my (our) permission to 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 Young Adult child to be transported in privately owned vehicles to and from public transportation or for approved out-of-institute activities; 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 all transportation costs.

I(we) and (are) aware of no physical, mental or emotional problems which would limit work performance during the work camp. I(we) am (are) fully aware of the nature of the work to be undertaken during the Reality C.H.E.C.K. Work Camp.

The Reality C.H.E.C.K. Work Camp will employ reputable staff members and take reasonable precautions to safe guard the work camp participants during the week of the work camp. However, neither the Reality C.H.E.C.K. Work Camp, social agencies or the school or parish acting as the host site will be liable for loss or damage to property of participants prior to, during or following the work camp due to theft, fire, accident or any other cause beyond its control.

Print neatly participants name

Church Name & City

Participant's Signature

Custodial parents signature (if under 21 years of age)

I HAVE COMPLETED THE FOLLOWING AND ALL RECORDS ARE FILED AT MY PARISH. (CHECK ALL THAT APPLY)

*Protecting God's Children Training _____ *Criminal Background Check _____ *Diocesan Sexual Misconduct Policy _____

PLEASE RETURN THIS COMPLETED FORM TO YOUR PARISH CONTACT PERSON

ATTENTION ADULT LEADER: DO NOT MAIL/FAX THESE FORMS TO WORK CAMP OFFICE, PLEASE MAKE COPIES WITH MEDICAL FORMS, PUT IN ALPHABETICAL ORDER, AND BRING TO CAMP AT TIME OF REGISTRATION.

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MEDICAL INFORMATION

(Must be filled out by every participant. Print Neatly. Please return to Parish Contact Person.)

Church _____ Adult Contact Person _____

Name _____ () Male () Female Birthdate: _____

Street Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____

Emergency Contact Person: _____ Phone: (_____) _____

Work Camp attending: St. Agnes Parish – June 16 to 20, 2008.

HEALTH STATUS: (Confidential) Please list below any health problems you may have (ex: Asthma, Allergies, Hay Fever, Hearing difficulties, Back trouble, Diabetes, Seizures, Food Allergies, etc...)

Dietary Restrictions:

Please list any medication(s) participant is taking:

Personal Medical Insurance Provider: _____

Name of Policy Holder: _____

Insurance Policy # _____

(Participant’s Signature)

(Date)

(Custodial Parent Signature – if participant is under 21 years of age)

Daytime Emergency Phone #

Please note: We cannot and will not allow anyone without personal medical insurance coverage to participate in the “Reality C.H.E.C.K.” If special diets are needed, we are not responsible, but are willing to work with those as much as possible. ANYONE WHO ARRIVES AT WORK CAMP, WITHOUT THE PROPER SIGNATURE OR AN INCOMPLETE FORM, WILL NOT BE ALLOWED TO PARTICIPATE IN THE WORK CAMP. PARENT AND PARTICIPANT SIGNATURE REQUIRED ON MEDICAL FORM AND RELEASE OF ALL CLAIMS.

Revised: August 27, 2007