



Consent & Liability Waiver
Last Day of Camp Retreat
Houston Baptist Camp
779 Story Rd.
Arabi, GA 31712
September 13th -14th, 2008

[APPLICATION]

Participant's Name: _____ **DOB:** _____ [Month/day/yr.] **Sex:**
M ___ **F** ___. **Parent/Guardian's Name:** _____
Address: _____
Telephone: () _____ **Work:** () _____ **Cell:** () _____

I (Parent or Guardian's name), _____, **grant permission for my child,**
 _____, **to participate in this parish youth ministry event. This activity**
requires transportation to a location away from the parish site. It will take place under
the guidance and direction of Virtus-trained parish employees and/or volunteers from
several parishes and St. Theresa Church of Cordele, GA.

Name of Activity: "Last Day of Camp" Retreat

Mode of Transportation: self

Location: Houston Baptist Camp, 779 Story Rd. Arabi, GA 31712

Contact: Fr. Bob Cushing (706) 495-1189 (c); residence: 229-273-3446

Chaperones: Virtus-Trained Volunteers from Augusta, GA & Cordele, GA

Date of Activity: September 13th and 14th, 2008

Time: Begins with registration on Saturday, 9:30am-10:00am until Sunday after 9:30am Mass at
St. Theresa's in Cordele. Applications [deadline] are due in by Saturday, September 6 at 8 PM.

Cost: \$20.00 [to be paid with application, to *St. Theresa Church*, 807 S. 3rd St. Cordele, GA 31015]

As parent and/or legal Guardian, I remain legally responsible for any personal actions taken by the above names minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend **St. Theresa Catholic Church of Cordele, GA**, its officers, directors, employees and agents, and the **Diocese of Savannah**, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medication treatment in connection therewith, and I agree to compensate the parish, its officers, directors, and agents, and the **Diocese of Savannah**, its employees and agents and chaperones or representative associated with the event for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Signature: _____ Date: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Sign for those that are applicable to your child)

EMERGENCY MEDICAL TREATMENT: in the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment; I wish to be advised prior to any further treatment by hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers,

CONTACT: _____ [name & relationship] **PHONE:** () _____

Family Doctor: _____ **Phone:** () _____

Family Health Plan Carrier: _____ **Policy #:** _____

Signature (of guardian/parent): _____ **Date:** _____

PARTICIPANT'S NAME _____

OTHER MEDICAL TREATMENT: In the event, it comes to the attention of the parish, its priest, directors and youth ministers, and the Diocese of Savannah, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called.

Signature: _____ Date: _____

MEDICINES: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature: _____ Date: _____

Options: No medication of any type, whether prescription or non-prescription, maybe administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

SPECIFIC MEDICAL INFORMATION: The parish will take reasonable care to see that the following information will be held in confidence. [Please give the essential information for:]

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc?

If so, date and disease or condition: _____

You should be aware of these **special medical conditions** of my child:

Photo Release for Media: I hereby grant permission for photographs taken of my child on this retreat to appear in the *Southern Cross*, the *Cordele Dispatch*, or the website of the Catholic Diocese of Savannah.

My child's signature confirms his/her approval of these photos and recognition of my consent:

Signature of Parent: _____ Date: _____

Signature of Youth Participant: _____ Date: _____

