

**PERMISSION TO PARTICIPATE IN ACTIVITIES  
2019 MISSION NETWORK ACTIVITIES USA, INC.**

1. CHILD'S NAME: \_\_\_\_\_ CHILD'S BIRTHDATE: \_\_\_\_\_

GRADE IN SCHOOL: \_\_\_\_\_

2. NATURE AND DURATION OF ACTIVITIES: Camp Eagle's Cliff, June 21 to July 1, 2019. Activities will include: hiking, swimming, ice hockey, canoeing, laser tag, and other outdoor and indoor recreational activities. All activities are closely supervised by trained camp counselors and staff.

3. ACTIVITY SUPERVISORS: Will Jude, Fr. Kermit Syren, counselors and staff, and seminarians of the Legion of Christ.

4. TRANSPORTATION: Participants are responsible for securing their own transportation to and from Camp Eagle's Cliff, as Eagle's Cliff does not provide transportation to the camp on June 21st, or from the camp on July 1st. However, all transportation for campers while the camp is in session will be provided.

5. REQUIREMENTS: The child named above is in good health and has no physical or medical limitations that would cause the activities as described above to be detrimental or dangerous to the child. Parents/guardians should specify allergies and medical problems in section 9 below.

6. CONSENT: I/We hereby consent to the above-named child's participation in the activities described above including mentoring, and specifically request that he be allowed to participate in those activities. I/We warrant that I/We have full authority to legally consent to his participation in the activities described on this form, and all provisions contained herein.

7. AUTHORIZATION: I/We hereby authorize Mission Network Activities USA, Inc. to use the image and likeness of my/our child in photograph or video form whether taken by or commissioned by Mission Network Activities USA, Inc. in its promotional materials and for its promotional purposes associated with its nonprofit activities. This authorization shall extend to use of my/our child's image and likeness on the website of Mission Network Activities USA, Inc., or its successor in operation or affiliated organization(s) upon written consent of Mission Network Activities USA, Inc. I/We understand that this authorization shall survive the end of my/our child's participation in the activities referenced on this form.

8. INSURANCE: I/We understand that Mission Network Activities USA, Inc. does not carry any health insurance relative to the activities or for any injury that may occur to the above-named child. I/We represent that the child is (a) covered by insurance through my/our own insurance carrier; or (b) that I/We am/are personally financially responsible for any and all medical costs incurred as a result of the child's injury.

9. EMERGENCIES: If the above-named child requires any emergency medical procedures or treatments during the activities, I/We consent to the activity supervisor(s) taking, arranging for or consenting to such procedures or treatments in the discretion of the activity supervisor(s). For purposes of such procedures and treatments, my/our child's blood type allergies or other medical problems (if any) are listed below:

Blood Type: \_\_\_\_\_

Allergies / Medical Problems: \_\_\_\_\_ flowers allergy \_\_\_\_\_

10. EMERGENCY CONTACTS: If, in the event of a medical or other emergency, I/We am/are unable to be reached by telephone at the numbers listed below, I/We authorize the activity supervisor(s) to attempt to contact me/us through the alternative emergency contacts listed below.

Parents/ Guardians Contact Information

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_  
Alternate Phone: \_\_\_\_\_

Alternative Emergency Contact Information

Name: \_\_\_\_\_  
Relation: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Alternate Phone: \_\_\_\_\_

11. RELEASE AND INDEMNIFICATION: I/We release and waive, and further agree to indemnify, hold harmless or reimburse Mission Network Activities USA, Inc. and Consolidated Catholic Administrative Services, Inc., the individual members, agents, directors, officers, employees, volunteers and representatives thereof, as well as activity supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the above-named child, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses (including attorneys' fees incurred by Mission Network Activities USA, Inc. and Consolidated Catholic Administrative Services, Inc., or any of its individual employees, agents, volunteers, etc. in enforcing this indemnity provision) without limitation in time or amount, damages or injuries arising out of, during, or in connection with my/our child's participation in the activities, the travel to and there from, and the rendering of emergency medical procedures or treatment, if any. I/We understand that this release and indemnification shall survive the end of my/our child's participation in the activities referenced on this form and shall have no limitation in time or amount.

I/We have read and understand the above and agree to all terms and conditions contained therein.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Name (Signature)

\_\_\_\_\_  
Parent / Guardian Name (Signature)