



PERMISSION TO PARTICIPATE FORM

RETREAT DATE(S): _____

CAMPER'S FIRST & LAST NAME: _____ CAMPER'S BIRTHDATE: _____

CHECK THE CAMPER'S AGE: Under 18 18 or older CAMPER'S CURRENT GRADE: _____

1. NATURE AND DURATION OF ACTIVITIES:

Camper activities include but are not limited to: sacraments, fun activities, games and team building activities, and formation.

2. ACTIVITY SUPERVISORS:

Staff and volunteers of Camp River Ridge.

3. TRANSPORTATION:

Campers are responsible for securing their own transportation to arrive at and to depart from the campsite. Transportation between an event's commencement and its ending may be provided by the camp according to the policies of the local church and RC Activities USA, INC.

4. REQUIREMENTS:

The camper 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 the enrollment process.

5. CONSENT:

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

7. AUTHORIZATION:

I hereby authorize Camp River Ridge and its parent organization RC Activities USA, Inc. to use the image and likeness of said camper in photograph or video form whether taken by or commissioned by Camp River Ridge and RC Activities USA, Inc. in its promotional materials and for its promotional purposes associated with its nonprofit activities. This authorization shall extend to use of said camper's image and likeness on the website of Camp River Ridge and RC Activities, Inc., or its successor in operation or affiliated organization(s) upon written consent of RC Activities, Inc. I understand that this authorization shall survive beyond the end of said camper's participation in the activities referenced on this form.

8. INSURANCE:

I understand that Camp River Ridge and RC Activities, Inc. does not carry any health insurance relative to the activities or to any injury that may occur to the above-named child. I represent that the said camper is (a) covered by insurance through my own insurance carrier; or (b) that I am personally and financially responsible for any and all medical costs incurred as a result of said camper's injury.

9. BEHAVIOR:

Campers that seriously breach the norms and rules at camp activities will be dismissed from camp, requiring immediate pickup by parents/guardians. In these situations, camp tuition is non-refundable.

10. PRIVACY POLICY:

Camp River Ridge will never release any family or camper information to other organizations or persons for marketing purposes.

11. EMERGENCIES:

If the above-named camper requires any emergency medical procedures or treatments during the activities, I 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 emergency procedures and treatments, parents/guardians should below specify their camper's blood type, allergies, and other medical problems (if any).

Please note that Camp River Ridge is not currently properly set up for campers with disabilities. Families with campers with disabilities may want to send their children to a more appropriate camp.

Blood Type: _____ Allergies / Medical Problems: _____

12. 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

1) Name: _____ Email: _____
Address: _____
Cell Phone: _____ Home Phone: _____
Is this a parent or guardian? _____

2) Name: _____ Email: _____
Address: _____
Cell Phone: _____ Home Phone: _____
Is this a parent or guardian? _____





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13. RELEASE AND INDEMNIFICATION:

I release and waive, and further agree to indemnify, hold harmless or reimburse Camp River Ridge and RC 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 camper, 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 RC 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 camper's participation in the activities, the travel to and from, and the rendering of emergency medical procedures or treatment, if any.

I also understand that this release and indemnification shall survive the end of my camper's participation in the activities referenced on this form and shall have no limitation in time or amount.

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

Signature of Parent / Guardian 1

Signature of Parent / Guardian 2 (optional)

Print Parent / Guardian 1 Name

Print Parent / Guardian 2 Name (optional)

DATE OF SIGNATURE: _____