



Student Name: _____

Student Grade: _____

Archdiocese of Galveston-Houston

St. Martha Catholic Church

Parental/Guardian Consent Form and Liability Waiver

Home Address: _____ Date of Birth: _____

Parent(s)/Guardian(s): _____ City: _____ Zip Code: _____

Cell Phone: (_____) _____ Alternate Phone: (_____) _____

E-Mail Address: _____ T- Shirt Size: _____ Age: _____ Sex: _____

School: _____

CONSENT AND LIABILITY WAIVER

Important! To be filled out by the Parent/Guardian for youth under 18 years of age.
If participant is 18 years of age or older, consent must be signed by the individual.

I (name of parent/guardian) _____, grant permission for my child,
(participant's name) _____, to participate in
(event) Loved First – 7th & 8th Grade Retreat to be held at Camp Cho-Yeh on February 12th and 13th 2022

In consideration of my child's participation in this event, I agree on behalf of myself, my child named herein, and our heirs, successors, and assigns to indemnify, hold harmless and defend the Archdiocese of Galveston-Houston, the sponsoring parish, its pastor, youth ministry leader, principal, other agents, employees or other representatives associated with the event from any and all injuries, losses or claims arising out of my child's participation in the event.

In signing this form I certify that all information contained herein is true and accurate to the best of my knowledge.

Signature (Parent/Guardian) _____ Date _____

YOUTH PARTICIPANT: In signing the line below I agree to abide by any/all policies and rules established for this event/activity (see Code of Conduct). Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent's expense.

Signature (Youth Participant) _____ Date _____

VIDEO/PHOTOGRAPHY CONSENT

As parent/guardian, I understand that promotional pictures (individuals and group) will be taken during this event. I give permission for my child's picture to be used for promotional materials (newsletter, web page, calendars, power point, video, etc.) in highlighting the event.

Signature (Parent/Guardian) _____ Date _____

See Reverse For Medical Consent

Medical Matters

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes.

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 the hospital or doctor and I understand that all financial obligations are my responsibility.

In the event of an emergency and you are unable to reach me, contact:

Name & Relationship _____ Phone _____

Family Doctor _____ Phone _____

Medications

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage, and frequency are as follows:

My child is taking the following medication at the present time.

Medication(s): _____ Dosage _____

Administer: _____

Please choose only one of the following:

_____ I hereby **Do Not Grant Permission** for medication of any type, whether prescription or nonprescription may be administered by my child unless the situation is life threatening and emergency is required. (Please initial)

_____ I hereby **Grant Permission** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter. (Please initial)

Medical Conditions Information: (All personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter has:

- Has had an episode of the following or has been diagnosed: Seizures Asthma Diabetic
- Allergic reactions to the following (foods, dyes, latex, etc.) _____
- Has had a medical surgery within the last six months?: Yes No Still under doctor's care?: Yes No
- Has a medically prescribed diet? _____
- The following physical limitations? _____
- Immunizations current and up to date: Yes No Date of last tetanus/diphtheria immunization: _____
- You should also be aware of these special medical conditions of my child (e.g. depression, anxiety, etc.): _____

Insurance Information: No, I do not carry medical insurance at this time.

Insurance Carrier: _____ Name of Insured: _____

Insurance Policy Number: _____

Father's Name: _____ Day Phone: _____

Mother's Name: _____ Day Phone: _____

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with the repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself). I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly.

Signature (Parent/Guardian)

Date

Signature (Participant 18 years of age or older must sign own consent)

Date



Group Name: St. Martha Catholic Church

INDIVIDUAL ASSUMPTION OF RISK, WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT

EACH PARTICIPANT MUST FILL OUT THIS FORM. ALL FORMS SHOULD BE TURNED IN TO CAMP CHO-YEH BEFORE OR UPON ARRIVAL.

I wish to enter onto Camp Cho-Yeh's premises and to participate in recreational activities to be made available to participants at Cho-Yeh Camp and Conference Center, Inc. ("Camp Cho-Yeh"). I am aware that there are a number of risks of illness, injury and death at Camp Cho-Yeh. I am aware that Camp Cho-Yeh has a lake on site and has direct access to a swimming pool. Therefore, I may have the opportunity to participate in aquatic activities including, but not limited to, swimming, kayaking, fishing and any other activity arranged for me by the group leader and Camp Cho-Yeh's Staff. I acknowledge that it is the full responsibility of me (or legal guardian if under the age of eighteen) to decide on and carry out any activity restrictions I (or legal guardian) deem personally necessary. I acknowledge that non-swimmers or weak swimmers should not participate in aquatic activities. I understand Camp Cho-Yeh also offers activities on a Challenge Course. This Course includes elements as high as forty-five (45) feet high with which a belay system is used as well as low elements approximately six (6) feet high with which group spotters are used. I understand that Camp Cho-Yeh offers activities on a paintball course. I acknowledge that paintball is a strenuous activity in which participants can and do get injured including the lower body, mid-section, upper body, and head. In addition, marks are usually left on the skin when a paintball makes contact with a participant. I understand other activities include, but are not limited to, team and individual sports, miscellaneous games, and all aspects of camping. I am aware and understand that the activities discussed in this document are only some examples of risks of injury and death at Camp Cho-Yeh, and that these and/or other activities in which I participate during my stay at Camp Cho-Yeh (the "Activities") may be hazardous or otherwise involve a risk of physical injury or death to participants. I understand hazards include, but are not limited to, the hazards of being in a wilderness area, the forces of nature, and other reasons associated with the activities.

In consideration of Camp Cho-Yeh permitting me to enter upon premises owned or controlled by Camp Cho-Yeh, to participate in Activities at Camp Cho-Yeh, and/or to use any equipment owned or controlled by Camp Cho-Yeh, and for other good and valuable consideration, the receipt and sufficiency of which I hereby acknowledge, I agree as follows:

I expressly assume any and all risks of illness, injury, or death arising from or relating in any way to the following "Causes": (i) my ingress, egress or presence or activity on Camp Cho-Yeh's premises (including but not limited to participation in Activities defined above), (ii) the condition of Camp Cho-Yeh's premises, the adjoining land, or any of the driveways, streets, or alleys used in connection with Camp Cho-Yeh's premises, (iii) the use or condition of any equipment on Camp Cho-Yeh's premises or equipment owned or controlled by Camp Cho-Yeh, (iv) exposure to, or contraction of a communicable disease such as COVID-19, Coronavirus, or other contagion, including the possibility of serious illness, injury, or death, or (v) any act or omission of Cho-Yeh Camp and Conference Center, Inc., its affiliates, contractors, vendors, directors, officers, agents, sponsors, employees, staff, volunteers, or representatives of any kind (collectively "Releasees"). On behalf of myself, my dependents and personal representatives, I hereby agree to waive and release any and all actions, claims, suits or demands of any kind or nature whatsoever against the Releasees arising from or relating in any way to any of the Causes. I understand and agree that this Individual Assumption of Risk, Waiver, Release and Indemnification Agreement means, among other things, that if I am injured or die as a result of any of the Causes, I, my family, my heirs, and others cannot under any circumstances sue Releasees or any of them for damages relating to or caused by my illness, injuries or death.

I agree to indemnify, to the extent permitted by the laws and constitution of the State of Texas, Releasees or any of them, and their subrogees, if any, in the event of any loss, damage or claim (including court costs and attorneys' fees) for my injury or death arising from or relating in any way to any of the Causes. **MY ASSUMPTION OF RISK, WAIVER, RELEASE, AND OBLIGATIONS TO INDEMNIFY THE RELEASEES UNDER THIS DOCUMENT SHALL APPLY TO LIABILITIES EVEN IF SUCH LIABILITIES ARE CAUSED IN WHOLE OR IN PART BY THE SOLE, JOINT, OR CONCURRENT NEGLIGENCE, FAULT OR LIABILITY OF ANY ONE OR MORE OF THE RELEASEES, WHETHER OR NOT SUCH SOLE, JOINT, OR CONCURRENT NEGLIGENCE, FAULT OR LIABILITY WAS ACTIVE OR PASSIVE.**

All legal and equitable claims, demands, and controversies, of whatever nature or kind, whether in contract, tort, under statute or regulation, or some other law, between you and Camp Cho-Yeh, will be resolved exclusively by final and binding arbitration administered by the Institute for Christian Conciliation ("ICC") under its applicable rules. I understand and agree that I would not have been permitted upon premises owned or controlled by Camp Cho-Yeh, and/or to use any equipment owned or controlled by Camp Cho-Yeh had I not executed this Individual Assumption of Risk, Waiver, Release and Indemnification Agreement.

I have read this Assumption of Risk, Waiver, Release and Indemnification Agreement, have asked and received answers to any questions I had concerning its meaning, and execute it freely, without duress, and in full complete understanding of its legal effect, and of the fact that it may affect my legal rights. I hereby consent to and authorize Camp Cho-Yeh to use and reproduce any photographs and/or video taken of me for the purposes of web and print media designs and publications, and I will not receive compensation for such use.

Signature of Participant

Printed Name of Participant

Date

Street Address

City

State

Zip

Phone

FOR PARTICIPANTS UNDER THE AGE OF EIGHTEEN

I am the parent or legal guardian of the child whose name and signature appear above. I have read and understand this Assumption of Risk, Waiver, Release and Indemnification Agreement, and consent on behalf of myself and the Participant to its terms.

Date

Signature of Parent

Printed Name of Parent

