

Camp Happiness Authorization Form/Waiver of Liability and Release

1) PERMISSION TO PARTICIPATE AND WAIVER OF LIABILITY AND RELEASE

I pledge and agree that all of the information contained in this pre-application is accurate, complete and true. The pre-application for participation in Camp Happiness (hereinafter "Camp Happiness" or "Camp") has my approval, and I agree to abide by the rules and decisions of Camp contained in the pre-application and otherwise. I/We, the undersigned, consent to the participation of _____

[Camp Participant's Name]

in activities of Camp Happiness. I/We, the undersigned, participant/parents or guardians, on behalf of the camp participant and on behalf of myself/ourselves, my/our heirs and assigns, hereby agree to indemnify, save and hold harmless Camp Happiness, Catholic Charities Health and Human Services, its related corporate entities, The Diocese of Cleveland and its Bishop, and any of their agents, representatives or assigns, for the safety of the camp participant and for any injury and/or disability sustained by the camp participant and me/us arising out of or resulting from _____

's [Camp Participant's Name] participation in the events and programs offered by Camp Happiness. As a participant/parent or guardian of a participant in the above camping program, I/we recognize and acknowledge that there are certain risks of injury and I/we agree to assume the full risk of any injuries, including loss of life, damages, or other losses which the camp participant and I/we may sustain as a result of the above camp participant in any and all activities connected with or associated with Camp Happiness. In consideration of the above referenced camp participant being permitted to attend Camp Happiness, I/We agree on behalf of the camp participant and myself/ourselves, to waive and relinquish all claims and to fully release and discharge and agree to indemnify, hold harmless and defend Camp Happiness, Catholic Charities Health and Human Services, its related corporate entities, The Diocese of Cleveland and its Bishop, and any of their officers, agents, servants and employees from any and all claims resulting from injuries, including loss of life, damages or other losses sustained by the camp participant and me/us arising out of, connected with or in any way associated with participation in the activities of Camp Happiness' programs.

The Emergency Authorization Form and Release, set forth below, must be completed prior to participation. I have read and fully understand the contents of this Permission to Participate and Waiver of Liability and Release, and agree to the provisions contained herein.

X _____
Signature of Parent/Legal Guardian **Date**

2) AUTHORIZATION FOR MEDICAL AND/OR EMERGENCY TREATMENT AND RELEASE

I/We hereby give permission and authorize Camp Happiness (hereinafter "Camp Happiness" or "Camp"), their agents, employees, successors and assigns to provide medical care including but not limited to the administration of prescribed medications and the delivery of first aid care to the camp participant for whom I am parent or legal guardian (hereinafter "the camp participant"). I hereby give permission and authorize Camp, its agents, employees, successors and assigns to act on my behalf or on the behalf of the camp participant to seek medical treatment in the case of illness or accident from a medical practitioner or hospital and to arrange necessary related medical transportation. Should medical attention be required to care for me or for the camp participant, I agree to pay any expenses incurred and I further acknowledge and state that Camp Participant and/or I/We has/have adequate health insurance coverage to reimburse emergency care in the event that it is required.

In the event that reasonable attempts to contact me/us or my/our emergency contact have been unsuccessful, I hereby grant consent and permission for Camp Happiness to accompany Camp Participant to emergency medical care, and allow the administration of emergency treatment and care on him/her, including but not limited to x-ray examination, medical or surgical diagnosis or treatment and hospital care rendered under the supervision of any physician or surgeon licensed to practice medicine in the State of Ohio.

In consideration of my participation or the participation of the program member in a Camp program, and wishing to promote and benefit this non-profit cause, I hereby release and hold harmless Camp, Catholic Charities Health & Human Services, any of its related corporate entities, the Bishop of the Roman Catholic Diocese of Cleveland, the Roman Catholic Diocese of Cleveland, their representatives, licensees, agents, employees, successors and assigns, from any and all liability for claims and demands arising out of the medical or emergency medical care of the program member. I specifically waive any rights and claims that I may have as well as any other claims for damages in law or equity.

I have read and fully understand the contents of this Authorization For Medical and/or Emergency Medical Treatment and Release, and agree to the provisions contained herein. IN WITNESS WHEREOF, I set my hands hereto as of the date set forth below:

X _____
Signature of Parent/Legal Guardian **Date**

3) AUTHORIZATION TO PHOTOGRAPH & RELEASE (Optional)

I hereby give permission and authorize Camp Happiness (hereinafter "Camp Happiness" or "Camp"), its agents, employees, successors and assigns to photograph, or otherwise electronically or digitally record my image or the image of the camp participant for whom I am parent or legal guardian for publication in printed or electronic form, and for my image or that of the program member to be seen and disseminated to the general public in any media form, including, but not limited to Camp Happiness newsletters, posters, displays, films, videos or websites.

In consideration of my participation or the participation of the program member in a Camp program, and wishing to promote and benefit this non-profit cause, I hereby indemnify, release and hold harmless Camp, Catholic Charities Health & Human Services, any of its related corporate entities, the Bishop of the Roman Catholic Diocese of Cleveland, the Roman Catholic Diocese of Cleveland, its representatives, licensees, agents, employees, successors and assigns, from any and all liability for claims and demands arising out of the use of my image or the image of the program member in any aforementioned media. I specifically waive any rights and claims that I or the program member may have or claim for privacy, invasion of privacy, libel, payment or royalties for use of the above-described photograph, as well as any other claims for damages in law or equity.

I have read and fully understand the contents of this Authorization to Photograph and Release, and agree to the provisions contained herein. IN WITNESS WHEREOF, I set my hands hereto as of the date set forth below:

X _____
Signature of Parent/Legal Guardian **Date**