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 (hereinafter “Camp Participant”) in any and all events, activities and programs

[Camp Participant’s Name]

(hereinafter “Activities”) of Camp Happiness. I/We, the undersigned, Camp Participant or Camp Participant’s parents or guardians, on behalf of the Camp Participant and on behalf of myself/ourselves, my/our heirs, representatives and assigns, hereby agree to indemnify, save and hold harmless Camp Happiness, Catholic Charities Corporation, dba Catholic Charities Diocese of Cleveland, the Roman Catholic Diocese of Cleveland, the Bishop of the Roman Catholic Diocese of Cleveland, and any of their employees, attorneys, officers, agents, representatives, independent contractors, successors, licensees, and/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, Camp Participant’s participation in the Activities offered by Camp Happiness. As a Camp Participant or parent or guardian of a Camp Participant in Camp Happiness Activities 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/or I/we may sustain as a result of the above Camp Participant’s participation in any and all Activities connected with or associated with Camp Happiness. In consideration of the Camp Participant being permitted to participate in Camp Happiness Activities, I/We agree, on behalf of the Camp Participant and myself/ourselves, to waive and relinquish any and all claims arising out of, or resulting from, Camp Participant’s participation in the Activities offered by Camp Happiness, and to fully release, discharge and agree to indemnify, hold harmless and defend Camp Happiness, Catholic Charities Corporation, dba Catholic Charities Diocese of Cleveland, the Roman Catholic Diocese of Cleveland and the Bishop of the Roman Catholic Diocese of Cleveland, and any of their employees, attorneys, officers, agents, representatives, independent contractors, successors, licensees, and/or assigns, from any and all claims resulting from injuries, including loss of life, damages or other losses sustained by the Camp Participant and/or me/us arising out of, connected with or in any way associated with Camp Participant’s or my/our participation in Camp Happiness Activities.

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”), its officers, agents, employees, representatives, independent contractors, successors, and/or 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 “Camp Participant”) and/or myself/ourselves. I hereby give permission and authorize Camp, its officers, agents, employees, representatives, independent contractors, successors, and/or assigns to act on my behalf or on the behalf of the above-named 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 to 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 medical practitioner, physician or surgeon licensed and/or authorized in the State of Ohio.

In consideration of my participation or the participation of the Camp Participant in a Camp program, and wishing to promote and benefit this non-profit cause, I, on behalf of the Camp Participant and myself/ourselves, hereby release and hold harmless Camp, Catholic Charities Corporation, dba Catholic Charities Diocese of Cleveland, the Bishop of the Roman Catholic Diocese of Cleveland, the Roman Catholic Diocese of Cleveland, their employees, attorneys, officers, agents, representatives, independent contractors, successors, licensees, and/or assigns, from any and all liability for claims and demands arising out of the medical or emergency medical care of the Camp Participant. I, on behalf of the Camp Participant and myself/ourselves, specifically waive any rights and claims that I/we 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 __________________________