

**Parental Consent for Youth to Participate in Activity,  
Emergency Medical Information, and Release**

*t-shirt size* \_\_\_\_\_  
*cost \$100; due by 10/10/14*

**Participant:** \_\_\_\_\_ (name)

**Parents:** \_\_\_\_\_ (names),  
for themselves, heirs, executors, and administrators.

**Event** Journey retreat

in Camp Buckner, Burnet (city), Texas, a Texas non-profit corporation, including its faculty, employees, contractors, clergy, agents, facilitators, and volunteers

**Diocese:** The Catholic Diocese of Austin, a Texas non-profit corporation, including its employees, contractors, clergy, agents, facilitators, and volunteers.

**Transportation Provider:** RRISD bus transportation (name)

- A. The undersigned represent that they are the parents or legal guardians of participant and have full authority under law to sign this document.
- B. Parents grant their permission for Participant to enroll and participate in the event.
- C. Parents acknowledge and agree that:
  - (1) Participant and Parents voluntarily seek to participate in the Event;
  - (2) the Event may involve physical activity that involves risk of injury;
  - (3) Participant and Parents will abide by all policies and rules established for Event and instructions of those persons facilitating, organizing, or overseeing the Event;
  - (4) Parents and Participant are responsible for Participant's conduct during the Event and are responsible for any damages, claims, or other costs caused by Participant or incurred as a result Participant's conduct; and
  - (5) if Participant's conduct is inappropriate, unsafe or detrimental to the Event, other participants or other persons, Parish/School or the Diocese may be suspend or expel Participant from the Event and future Events.
- D. Unless this paragraph is struck and initialed by the undersigned, Parents authorize Parish/School and the Diocese to provide over-the-counter aspirin, pain relievers, cold medicine, and other over-the-counter medications to Participant at Participant's request if the Parish/School or Diocese deem it reasonable to do so. The Parish/School will make reasonable attempts to notify Parents prior to authorizing any such over-the-counter medication.
- E. In the event of an emergency or a situation that is reasonably considered to be an emergency, Parents authorize the Parish/School and the Diocese to seek and authorize emergency medical care to be given to Participant (for example, first aid, medication, anesthesia, or surgery). The Parish/School will make reasonable attempts to notify Parents prior to authorizing any such emergency care.
- F. Parents grant Parish/School and the Diocese permission:
  - (1) to photograph and video tape Participant during the Event; and

(2) to use the photographs and video tapes in publications and promotions of the Parish/School and the Diocese, including but not limited to publications such as websites, newsletters, advertisements, scrapbooks, and yearbooks.

E. To the extent permitted by law, Parents, for themselves and for Participant, release and agree to indemnify and hold harmless the Parish/School, the Diocese, and the Transportation Provider from any and all liability, claims, demands, and costs which may arise as a result of Participant's participation in the Event or which is, in any way, related to such participation. This paragraph covers loss under any theory of loss (negligence or otherwise) including but not limited to personal injury or property damage. Parents and Participant assume all risk of injury or loss to themselves or their property.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please provide the following information.*

**Emergency Contact and Insurance Information**

In the event of an emergency contact: \_\_\_\_\_

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

Alternatively, contact: \_\_\_\_\_

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

Participant's Insurance Carrier: \_\_\_\_\_

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

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

**Copy of insurance card must be attached.**

Date of Last Tetanus Booster: \_\_\_\_\_

Participant has the following conditions (allergies, medical conditions, etc.): \_\_\_\_\_

\_\_\_\_\_

*Attach additional sheets if necessary*

Participant is currently taking the following medication: \_\_\_\_\_

\_\_\_\_\_

**Attach copies of prescription and any instructions related to the medication, including the amount and timing of dosages.**

Special Instructions or Other Information: \_\_\_\_\_

\_\_\_\_\_

**Camp Buckner Hill Country Retreat Center  
Indemnification and Release Form**

Buckner Children and Family Services, Inc., d/b/a ("Camp Buckner") requires that all participants, and parents, guardians, and managing conservators of a minor child(ren) who participate in activities while staying at Camp Buckner sign this Indemnification and Release Form.

The undersigned agree that they and their child(ren) shall be subject to the policies and procedures of Camp Buckner regarding all activities as attached and/or posted prior to participation in order to maintain the utmost level of safety for the participant.

The undersigned acknowledge and understand the following:

- 1) During Swimming Pool, Blob, Water Slide, Canoeing, Kayaking, Archery, Hiking and General Athletic Sports, and any other activities of any kind or nature, certain risks and dangers are present.
- 2) These risks of activities may include physical and psychological damage and/or injury including fatality, due to accidents which may occur resulting from participation in such activities.

In consideration of me and/or my child's (ren's) participation and as allowed by State law, I (We) have and do hereby assume all of the risks of my and/or our child's (ren's) participation in all activities (even if a lifeguard is on duty) including, but not limited to Swimming Pool, Blob, Water Slide, Canoeing, Kayaking, Archery, Hiking, and General Athletic Sports. I (We) shall hold Buckner Children and Family Services, Inc., d/b/a Camp Buckner, its employees, agents, directors, officers, and affiliates harmless from any and all liability, actions, causes of actions, claims, and demands and expenses (including reasonable attorney's fees) of every kind and nature whatsoever, whether for bodily injury, property damage or loss or otherwise, which I, we and/or my child(ren) now has or which may arise from or in connection with participation in Camp Buckner's programs and activities.

In consideration of me and/or my child's(ren's) participation in all Camp Buckner activities, I (We) hereby release, waive and discharge Buckner Children and Family Services, Inc., d/b/a Camp Buckner, its officers, directors, employees and affiliates from and against any and all claims or liability for injury or events resulting in bodily injury or death to me and/or my child(ren), and whether caused by the negligence of Camp Buckner, its officers, directors, or employees, or otherwise. This release is specifically intended to be binding upon my heirs, personal representatives and next of kin.

Group name: \_\_\_\_\_

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
Print Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Print Name of Child(ren)

\_\_\_\_\_  
Print Name of Child(ren)

\_\_\_\_\_  
Print Name of:  
Parent  
Guardian  
Managing Conservator

\_\_\_\_\_  
Signature of:  
Parent  
Guardian  
Managing Conservator