

Corpus Christi Catholic Church
DIOCESE OF TUCSON
PARENT REQUEST &
ACTIVITY WAIVER AND RELEASE FORM

ACTIVITY: Youth Hosted Summer Camp June Session 2021

DATE AND PLACE: Youth Hosted Summer Camp at Corpus Christi Parish. Presented as HYBRID Zoom & In Person Simultaneously. In Person with masks, social distancing and cleaning protocols in place.

June 5th Kick off with Drive In Movie Top Gun (sign up only, limited capacity)

June 6th Zoom Children Church at 11am

June 7, 8, 9th Camp Days **Noon to 3pm** In person and /or on Zoom (assigned TBD)

June 10th Movie on Zoom (Movie and time still to be determined)

Child Name _____ AGE _____ Allergies _____

Request In person camp days _____

Request ONLY Zoom camp days _____

We will do our best to accommodate in person request camp days, however, we may need to rotate campers/instructors into some of the Zoom camp days due to our max in person number restrictions.

I, as a parent or legal guardian, wish for my child _____,
PRINT PARTICIPATING CHILD'S NAME HERE

to participate in the activity described above, and as a condition of my child being allowed to do so, I hereby release and discharge the Roman Catholic Church Diocese of Tucson and Parish Corporations, its constituent organizations, including but not limited to _____,
PRINT LEGAL NAME OF PARISH HERE

PRINT LEGAL NAME OF PARISH HERE

of Tucson, and their officers, agents, employees and volunteers from any and all claims for personal injuries or property damage that my child may suffer as a result of my child's participation in the activity described above including transportation to and from such activity, whether or not such injuries or damage are caused by the negligence (active or passive) of any of the entities or individuals named or described above.

I hereby warrant and represent that my child is physically fit and capable of taking part in such activity. I make this warranty and representation on the basis of advice given to me by a duly licensed medical doctor within the last six months and I know of no change in my child's medical condition since receiving such advice that would affect the opinion of said medical doctor. Should there be a Medical Emergency involving my child, 911 will be called. I agree that any cost or expense related to any emergency will be paid by me, by my insurance company or any benefit plan of mine or child's other parent(s) or legal guardian(s). List medications, allergies and other necessary information we will need incase of emergency. (Use back of page if needed.) _____

I agree that my child will abide by the rules and regulations governing the above described activity and that my child will comply with all instructions given by the person or persons having supervision and control over the activity.

I hereby grant permission for my child to be transported by provider(s) listed above.

I hereby authorize Corpus Christi Church to have my youth's picture taken while attending Youth Ministry Activities. The pictures will be used at the parish (i.e. newsletters, bulletins, bulletin board, flyers, YG slideshows etc.) and our parish website (www.cccctucson.org) and/or Facebook page (www.facebook.com/corpuschristiug). Photos on Parish websites and Parish Social Media sites will not and cannot be tagged with teens individual names.

I warrant and represent that I am the parent or legal guardian of the participating child and upon request will produce satisfactory proof of such fact.

By my signature below, I attest that I have read and fully understand this Parent **Request & Activity Waiver and Release** document and agree to all its terms.

Signature of Parent or Legal Guardian _____

Print Name of Parent or Legal Guardian _____

Date Signed _____ Street Address _____ City _____
State _____

Zip Code _____ Telephone _____ e-mail _____