



Student Name: _____

Grade in School: 9 10 11 12

Are you coming with a parish group? YES or NO

If yes, which parish group are you coming with? _____

WHICH OF THE FOLLOWING ARE YOU REGISTERING FOR?

Adventure Day Date + Time

Saturday September 22, 2018

9:00 am -4:00 pm

Adventure Day and Overnight Date + Time

Saturday September 22 - Sunday September 23, 2018

9:00am (Sat) - 11:30am (Sun)

After you complete this paperwork please do the following:

- If you are coming with a parish group, return this paperwork to your parish group leader/youth minister with appropriate payment
- If you are coming as an individual (Lost Sheep) please mail the paperwork and payment (\$40 for the day option and \$60 for the night option) to the following address:

OEC - Meghan Bonham | 702 S. High Point Rd. #225 | Madison, WI 53719

*Make checks out to **Diocese of Madison - OEC***

MEDICAL INFORMATION AND PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER

In addition to the following medical information and waivers, please include a copy of your child's insurance card when returning your paperwork.

Participant's Name: _____

I, _____ grant permission for my child, _____,
Parent or guardian's name child's name

to participate in this parish/school event that requires transportation to a location away from the parish/school site.

This activity will take place under the guidance and direction of parish/school employees and/or volunteers from

_____.

Name of parish/school

A brief description of the activity follows:

Type of Event: HS Adventure Day September 23-24 2017

Individual in charge (Parish Group Leader): _____ or Camp Gray Staff (Individual Registration)

Mode of Transportation to and from event: Parents or Personal Vehicles or Parish Chaperones

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend _____, its officers, directors, employees and agents, and the Diocese of Madison, Bishop Robert Charles Morlino, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and the Diocese of Madison, its employees and agents and chaperones, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Diocese of Madison.

Signature: _____ Date: _____

MEDICAL MATTERS: I hereby warrant that 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 that are applicable.)

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. In the event of an emergency, use the Emergency Contact, in the event that both parents/guardians have already been contacted.

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary IN THEIR ORIGINAL CONTAINERS and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows. (Use an additional sheet of paper and attach, if needed.)

Signature: _____ Date: _____

I hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Has your child received a tetanus/diphtheria immunization in the last 10 years?

Circle One: YES or NO

Has your child recently been exposed to contagious disease or conditions such as mumps, measles, chickenpox, etc?

Circle One: YES or NO

If so, list date and disease or condition: _____

Madison Catholic Youth :: Student Information Form :: 2017-2018

* The Parish and Diocesan staff will take reasonable care to see that this information is held in confidence.

Student Name: _____ Sex: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Parish & City: _____ T-Shirt Size (Adult Unisex): _____

Grade in School (2017-2018): 6 7 8 9 10 11 12 Birthdate: _____

Parent/Guardian Name(s): _____

Home Phone Number: _____

Parent/Guardian #1 Cell Phone Number: _____ (Name) _____

Parent/Guardian #2 Cell Phone Number: _____ (Name) _____

Primary Family Email Address: _____

Student's Email Address: _____

*** The emergency contact must be someone other than the parents/ In all emergency situations, parents will be the first contact**

Emergency Contact Name & Relationship: _____

Home Phone: _____ Cell Phone: _____

Family Doctor: _____

Family Health Plan Carrier: _____ Policy Number: _____

Allergies: _____

Dietary/ Food Needs: _____

Physical Limitations: _____

Please share other medical or behavioral information that would be helpful for the adult leaders to confidentially know about your child:

* To provide further details, please attach an additional sheet of paper.

**CAMP GRAY, INC.
WAIVER AND RELEASE OF LIABILITY
AND
INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

Session #:

(Participant)	(Age)	
(Parent/Legal Guardian)	(Other)	
(Address)		
(City)	(State)	(Zip Code)
(Home Telephone No.)	(Work or Cell Telephone No.)	

First Name:

In consideration for Participant's being permitted to participate in Camp Gray, Inc. ("Camp Gray") programs, summer camps, events, or retreats and/or use Camp Gray's facilities or equipment, Participant, Parent(s) and/or Legal Guardian(s) of a minor Participant, agree as follows:

1. **ACKNOWLEDGEMENT OF RISK.** Participant, Parent(s) and/or Legal Guardian(s) acknowledge and fully understand there are inherent risks of serious injury or death associated with horseback riding, tower climbing, hiking, backpacking, biking, swimming, canoeing (especially in whitewater rapids), and other activities associated with Camp Gray. These inherent risks include, but are not limited to: being thrown or falling from a horse; being kicked or run into by a horse; encountering natural dangers such as falling rocks or objects, irregular or uneven ground, or unseen and unmarked objects; and drowning or serious injury in and around water due to water movement, subsurface conditions, cold water temperature, water impurities, and the like. Inherent risks also include acts or omissions of other participants; the condition of equipment or property; weather conditions (such as lightning strikes, sunburn, rain or hail storms, tornadoes, and the like); contact with plants, animals or insects; the risk of Participant engaging in unauthorized activities; Participant's physical condition; Participant's own acts and omissions; conditions of roads, trails waterways or terrain; the administration and availability of first aid and emergency treatment; and consumption of food or drink by Participant. Participant, Parent(s) and/or Legal Guardian(s) further acknowledge that all inherent risks associated with activities at Camp Gray cannot be described in this document.

Last Name:

2. **PARTICIPANT WAIVER OF RIGHTS AND RELEASE OF LIABILITY.** Participant, Parent(s) and/or Legal Guardian(s) hereby release, waive, discharge and covenant not to sue Camp Gray, its employees, officers, directors, and/or agents (collectively, the "Camp Gray Releasees") from all liability to the Participant, Parent(s), and/or Legal Guardian(s), their personal representatives, assigns, heirs and next of kin, for any and all loss or damage, and any claim or demands therefore, on account of injury to the person or property or resulting in the death of Participant, Parent(s) and/or Legal Guardian(s), arising out of or related to participation in Camp Gray programs, summer camps, events or retreats and/or use of Camp Gray facilities and equipment, including but not limited to those risks described in paragraph 1 above, whether caused by the negligence of the Camp Gray Releasees or otherwise. This waiver of rights and release of liability does not include injury, damage, death or loss as a result of the intentional or reckless acts of the Camp Gray Releasees.

NOTICE: HORSEBACK RIDING ON CAMP GRAY PROPERTY IS PROVIDED BY WAGONS WEST, LLC. WHILE CAMP GRAY HAS TAKEN GREAT CARE IN SELECTING A CONTRACTOR TO PROVIDE HORSEBACK RIDING AND INSTRUCTION, CAMP GRAY IS NOT RESPONSIBLE FOR THE ACTIONS OR OMMISIONS OF WAGONS WEST, LLC, ITS EMPLOYEES OR AGENTS.

3. INDEMNIFICATION AND HOLD HARMLESS. Participant, Parent(s) and/or Legal Guardian(s) shall indemnify and hold harmless the Camp Gray Releasees against all losses, damages, monetary awards and expenses, including all costs and attorneys' fees, incurred in connection with any and all claims of negligence on the part of the Camp Gray Releasees, brought by Participant, Parent(s) and/or Legal Guardian(s), their heirs, successors, assigns, and legal representatives, for any injury, death, illness, disease, or damage to property, arising from or connected with participation in any Camp Gray program, summer camp, event or retreat and/or use of Camp Gray's facilities and/or equipment. The indemnification and hold harmless provision does not include losses, damages, monetary awards and expenses, including costs and attorneys' fees, as a result of the intentional or reckless acts of the Camp Gray Releasees.

4. MISCELLANEOUS. The parties agree that the provisions of this "Waiver and Release of Liability; Indemnification and Hold Harmless Agreement" ("Agreement") shall be deemed severable, and that the invalidity or unenforceability of any one or more of the provisions of clauses hereof shall not affect the validity or enforceability of the other provisions or clauses hereof except as specifically set forth herein. The terms of this Agreement constitute the entire agreement and understanding between the parties relating the matters covered by this Agreement. This Agreement is made pursuant to and shall be construed under the laws of the state of Wisconsin.

5. OPPORTUNITY TO NEGOTIATE. You are encouraged to carefully review the contents of this "Waiver and Release of Liability and Indemnification and Hold Harmless Agreement" ("Agreement"). DO NOT SIGN this Agreement unless you understand and agree to its terms and conditions. You may wish to consult an attorney. If you wish to NEGOTIATE any of the terms of this Agreement for any modifications, deletions or additions, please contact the Camp Gray Director at 608-356-8200 prior to signing and executing this Agreement. If you do not contact the Camp Gray Director prior to signing and executing this Agreement, Camp Gray understands that you are accepting the terms and conditions set forth above, and that you do not wish to pursue any negotiations regarding the terms and conditions of this Agreement.

I CERTIFY THAT I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY AND INDEMNIFICATION AND HOLD HARMLESS AGREEMENT AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS AND ASSUMING SUBSTANTIAL RESPONSIBILITIES BY SIGNING IT, AND THAT I SIGN IT VOLUNTARILY. I FURTHER CERTIFY THAT IF I SIGN BELOW AS A PARENT OR LEGAL GUARDIAN, I AM AUTHORIZED TO DO SO ON BEHALF OF ALL PARENTS AND/OR LEGAL GUARDIANS, AS WELL AS THE PARTICIPANT UNDER THE AGE OF 18.

Date: _____
(Participant)

Date: _____
(Parent/Legal Guardian)*

Date: _____
(Parent/Legal Guardian)*

NOTICE: A PERSON WHO IS ENGAGED FOR COMPENSATION IN THE RENTAL OF EQUINES OR EQUINE EQUIPMENT OR TACK OR IN THE INSTRUCTION OF A PERSON IN THE RIDING OR DRIVING OF AN EQUINE, OR BEING A PASSENGER UPON AN EQUINE, IS NOT LIABLE FOR THE INJURY OR DEATH OF A PERSON INVOLVED IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES AS DEFINED IN SEC. 895.481(1)(e) OF THE WISCONSIN STATUTES.

*Must sign if participant is under age 18.