



# St. John Paul II Catholic High School

Parent/Guardian Consent Form and Liability Waiver

## SUMMER CAMP

I/We, \_\_\_\_\_ hereby give my/our permission for \_\_\_\_\_  
*Parent(s)/Guardian(s) full names* *Student's full name*

to participate in JPII Summer Camps. I/We understand that these activities may be away from school property and will take place under the guidance and direction of school faculty, staff, and/or volunteers. I/We also understand that these activities may be potentially dangerous, with risk of injury or harm to my child.

I/We do hereby give consent for all emergency medical care (including surgery, if deemed necessary and recommended by at least two attending physicians) prescribed by a duly licensed physician for my child in the event of injury or illness to my child during the above stated activities. This emergency medical care may be given under whatever conditions are deemed necessary, or whatever conditions may then and there exist, so as to preserve and protect the life, limb, health, and well-being of my child.

I/We do hereby agree to forever indemnify, exonerate, hold-harmless and defend the owner of the private motor vehicle, the parish, the pastor, the faculty, staff, and the volunteer members, and the Bishop of Birmingham in Alabama, a corporation sole, and their respective successors in office, from all claims, demands, actions, and causes of action, arising, out of or in any way pertaining to any bodily injury or illness, including death, incurred by my child during the course of any said activities, and including emergency medical and/or surgical treatment for my child and whether or not said claim, demand, action or suit is based on, or alleged to be based on in whole or part, the negligence, wantonness, or other similar conduct of any of The Indemnities.

This indemnity applies, in all events, to the extent that such an injury, damage, illness, or death to my child is not covered by applicable or enforceable liability insurance available to the Indemnities. I assume all risks and hazards incidental to or attendant with my child's participation in the above said activities, and in each phase of it. I request that in the event of any medical or other emergency involving my child during the above names events, when neither myself or the child's other parent/guardian is readily available to be contacted by phone, that the adult supervisor contact the following person, who will have authority to speak for me with respect to the emergency needs of my child.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_

Policy/Contract Number: \_\_\_\_\_

Medical Conditions (i.e., allergies or chronic illness): \_\_\_\_\_

Parent's or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_