

OUR LADY OF THE FIELDS CAMP AND RETREAT CENTER

MINOR PARTICIPANT AGREEMENT FORM

MINORS

(One child per form, please.)

LEGAL NAME OF CHILD: \_\_\_\_\_

LEGAL ADDRESS OF CHILD: \_\_\_\_\_

NAME OF PARENT/GUARDIAN SIGNING THIS FORM (please print):

\_\_\_\_\_

With my signature below, I give my consent for my child, whom I identify in the above section, to participate in any and all activities and events at Our Lady of the Fields Summer Camp and Retreat Center, which is owned and operated by the St. Thomas Chaldean Catholic Diocese of West Bloomfield Township, Michigan. I agree that in order for my child to participate in any and all activities and events, I must read and voluntarily agree to the following terms and conditions of this agreement on my child's behalf. I willingly give my consent for my child to participate in any and all activities and events at Our Lady of the Fields Camp and Retreat Center. I assert that my consent for my child's participation is entirely voluntary. Acting on my child's behalf, I expressly acknowledge and agree that there are risks, both inherent and unforeseeable, attached to all of the activities that my child may participate in, including but not limited to waterfront activities and the high and low ropes course programs. These activities and events may cause sickness, minor injury, serious injury, or even death. I also expressly acknowledge and agree that, even with safeguards in place, Our Lady of the Fields Camp and Retreat Center cannot guarantee that my child will not incur any sickness, minor injury, serious injury or even death.

PUBLICITY WAIVER

I give permission to Our Lady of the Fields Camp and Retreat Center to photograph and/or audio or video record my child. They may use these photographs and/or recordings for educational, professional, and publicity purposes for Our Lady of the Fields Camp and Retreat Center and its Community Partners.

ASSUMPTION OF RISK AND WAIVER OF LIABILITY

In order to consent for my child to participate in any and all activities and events, I expressly agree, on my child's behalf, to assume all risks. Furthermore, on my child's behalf, I expressly waive, release, discharge and hold harmless Our Lady of the Fields Camp and Retreat Center, The Chaldean Catholic Church of the United States of America, its directors, officers, agents, employees, assigns, and any volunteers (altogether referred to as "Camp Parties"), from and against all liability for loss or damage of property or money, any sickness, injury (minor or serious) or death that my child may incur, or any claim of any kind, however caused, resulting from or related in any way to my participation in any and all activities and events at Our Lady of the Fields Camp and Retreat Center.

INDEMNIFICATION

I expressly agree to indemnify and hold harmless Our Lady of the Fields Camp and Retreat Center and all the Camp Parties from any liability to my child or any third party, resulting from or in any way relating to my child's participation in any and all activities and events.

AGREEMENT NOT TO SUE

I expressly agree not to sue Our Lady of the Fields Camp and Retreat Center and all the Camp Parties for any claim, present or future, that I may have on my child's behalf, that may result from or in any way be connected to, my child's participation in any and all activities and events.

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LEGAL NAME OF CHILD: \_\_\_\_\_

LEGAL ADDRESS OF CHILD: \_\_\_\_\_

NAME OF PARENT/GUARDIAN SIGNING THIS FORM (please print):

\_\_\_\_\_

COVID-19

By signing this agreement form, I acknowledging that there is an inherent risk of exposure to COVID-19 in any public place where people are present. By attending Our Lady of the Fields Camp and Retreat Center, I voluntarily assume, on my child's behalf, all risks related to exposure to COVID-19 and agree not to hold Our Lady of the Fields Camp and Retreat Center; or any of their affiliates, directors, officers, employees, agents, contractors, or volunteers liable for any illness or injury.

SEVERABILITY

I expressly agree that the above-mentioned Assumption of Risk, Waiver of Liability and Agreement Not to Sue are intended to be as general and wide-ranging as is allowed by the laws of the State of Michigan. If any provision of this agreement or any part of any provision of this agreement is held invalid, illegal or unenforceable under Michigan law, the remaining parts and/or provisions shall not be affected or impaired in any way. I understand the terms and conditions of this agreement. I acknowledge and agree that this agreement is binding upon my heirs and assigns. I expressly and voluntarily agree to all terms and conditions contained in this agreement. By signing below, I verify that I have thoroughly read all the contents of this agreement and hereby agree to all of the terms and conditions stated above.

SIGNATURE OF PARENT/GUARDIAN SIGNING THIS FORM:

\_\_\_\_\_

DATE: \_\_\_\_\_