

Visitor Permission, Indemnification and Release, & Medical Power of Attorney

1. I, the visitor named below, or the lawful parent or guardian of this named individual, agree as a visitor with Catholic Youth Summer Camp and Damascus Catholic Mission Campus and hereby personally assume all risks in connection with my own or my child(ren)'s participation.
2. I am cognizant of the inherent dangers associated with participation in activities which may include but are not limited to: jet skiing, boating, swimming, archery tag, rock wall climbing, mountain biking, hiking, canoeing, ropes course, grounds initiatives, paintball, field games, zip lines, campfires, tool use. Additionally, I acknowledge that certain activities may be subcontracted to vendors located off property that will require transportation.
3. I release from all liability and indemnify Catholic Youth Summer Camp Inc and Damascus Catholic Mission Campus from any and all liability, claims, judgments, costs and expenses, including attorneys' fees, arising out of any injury or illness incurred while participating in or traveling to or from this activity and further agree not to bring or prosecute or allow to be brought or prosecuted (including but not limited to prosecution through subrogation) in my name, or on my behalf, any claims, lawsuits or actions against them.
4. I understand that participation is purely voluntary and is a privilege and not a right, and that I elect to participate in spite of risks.
5. I agree to cooperate with the event leadership.
6. I appoint the leadership of this event as my attorney in fact to act for me in my name and my behalf, in any way that I would act if I were personally present, with respect to the following matters if any injury, illness or medical emergency occurs during the event or related travel: (i) To administer medications as indicated on the completed Information Form. (ii) To give any and all consents and authorizations to any physicians, dentist, hospital or other persons or institutions pertaining to any emergency medications, treatments, diagnostic or surgical procedures or any other emergency actions as our attorney shall deem necessary or appropriate for my best interest. (iii) I understand that the leadership of this event will make a reasonable attempt to contact my family as soon as possible in the event of a medical emergency.
7. This power of attorney shall lapse automatically upon completion of the event and related travel.
8. This acknowledgement and release is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This acknowledgement and release shall be construed in accordance with the laws of the State of Ohio, except for the choice of law provisions thereof.
9. I am of lawful age and legally competent to sign this Permission, Indemnification and Release, and Medical Power of Attorney that shall be effective and binding upon me, and my personal representative or estate, assigns, heirs, and next of kin; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document of my own free act and coalition. I have fully informed myself of the contents of this document by reading it before having signed it.

By signing below, I express my understanding and intent to enter into this Permission, Indemnification and Release, & Medical Power of Attorney willingly and voluntarily

Participant Name

Participant Signature or Guardian Signature (must be signed by Guardian if participant is under 18)

Date

Participant/Guardian Phone Number and Email