



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

Thank you for offering your time and talent to serve as a volunteer, a member of our staff, or even if you are simply blessing us by your presence as a visitor. We are excited to share with you the work that the Lord is doing in building an environment of encounter with Jesus Christ and His Church. Please read and sign this document to help us in stewarding the gifts God has given!

1. I, the volunteer/staff member/visitor named below, or the lawful parent or guardian of this named individual, hereby agree that I or my child(ren) will be participating in a volunteer or work related role or 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 in any and all activities associated with this volunteer or work related event.
2. I certify that I am cognizant of the inherent dangers associated with participation in volunteering and participating in activities which may include but are not limited to: jet skiing, swimming, archery tag, rock wall climbing, mountain biking, hiking, canoeing, ropes course, grounds initiatives, paintball, field games, zorbs, zip lines, campfires, as well as any maintenance that might require the use of utility vehicles or tools.
3. I, on my own behalf, or as the lawful parent or guardian of the volunteer/staff member named below, release from all liability and indemnify Catholic Youth Summer Camp Inc and Damascus Catholic Mission Campus as well as the Bishop of Columbus, the Bishop of Toledo, the Bishop of Cleveland, and the Archbishop of Cincinnati, and the Bishop of my local diocese, both individually and as trustees for their respective dioceses' and all parishes and schools within their respective dioceses', and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost and expenses, including attorneys' fees, arising out of any injury or illness incurred by my child(ren) while participating in or traveling to or from the volunteer/work/visitor related 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 behalf of my child(ren), any claims, lawsuits or actions against Catholic Youth Summer Camp Inc., Damascus Catholic Mission Campus, the Bishop of Columbus, the Bishop of Toledo, the Bishop of Cleveland, or the Archbishop of Cincinnati, my local diocese, and/or their respective dioceses', or their officers, agents, representatives, volunteers or employees.
4. I understand that Catholic Youth Summer Camp, Inc. and Damascus Catholic Mission Campus assume no responsibility for or obligation to provide me with medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death, or damage to my property. I expressly waive any such claim for compensation or liability beyond what may be offered freely in the event of such injury or medical expenses incurred by me or my child(ren).
5. I grant Catholic Youth Summer Camp, Inc. and Damascus Catholic Mission Campus all right, title, and interests in any and all photographs, images, video or audio recordings of me or my likeness or voice made in connection with me or my child(ren) providing volunteer or work services or in my time as a visitor.
6. I further understand that my or my child(ren)'s participation is purely voluntary and is a privilege and not a right, and that I or my child(ren), and I on behalf of my child(ren), elect to participate in spite of the risks.
7. I agree to instruct my child(ren) to cooperate with the leadership of Catholic Youth Summer Camp Inc., Damascus Catholic Mission Campus and its agents.
8. I appoint the agents of Catholic Youth Summer Camp Inc. and Damascus Catholic Mission Campus 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 camp or related travel:
 - (I) To give any and all consents and authorizations to any physicians, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our attorney shall deem necessary or appropriate for the best interest of me or my child(ren).
 - (II) I understand that the agents of Catholic Youth Summer Camp Inc. and Damascus Catholic Mission Campus will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child(ren).
9. This power of attorney shall lapse automatically upon completion of the volunteer or work service.
10. 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.
11. I further state that 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, my child(ren), and my own and my child(ren)'s 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 further state and acknowledge that I have fully informed myself of the contents of this Permission, Indemnification and Release, and Medical Power of Attorney 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

Signature _____

_____ Date

(If volunteer is under the age of 18, a parent or guardian must sign)