

**CARDINAL NEWMAN HIGH SCHOOL – SUMMER CAMP**  
**Parent/Guardian’s Consent, Acknowledgement, Waiver and Release of Liability**

**THIS DOCUMENT CONTAINS A WAIVER AND RELEASE OF LIABILITY.**

1. I, on behalf of my minor child/ward named below, and the child's/ward's personal representatives, heirs and executors, release and forever discharge all members of the Cardinal Newman Summer Camp (the "Camp"), including its officers, directors, partners, agents, sponsors, employees, coaches, trainers, players, counselors, physicians, insurers, successors and assigns and all other persons, organizations, and corporations affiliated therewith (collectively referred to as the "Releases"), and each of them, of all liabilities, claims, actions, damages, costs or expenses which my child/ward may have against the Releases for bodily injury, death, property damage, libel, slander and any other loss arising out of or in any way connected with my child's/ward's participation in the Camp, to the fullest extent permitted by law, including but not limited to, all risks, known or unknown, anticipated or unanticipated, without regard to whether they are inherent in participating in a Camp. I understand that this release on behalf of my child/ward is an unconditional, full and general release, including my expressed release of all claims, actions, damages, costs or expenses arising out of the negligent acts or omissions, including gross negligence, of any of the Releases. I authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of Releases. I further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary.

**NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN**

PURSUANT TO SECTION 744.301(3), FLORIDA STATUTES READ THIS RELEASE AND WAIVER COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE RELEASEES USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHTS AND YOUR RIGHT TO RECOVER FROM THE RELEASEES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE RELEASEES HAVE THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

2. I grant to Release the right to photograph and/or videotape my child/ward and further to use my child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. I understand, however, that Releases are under no obligation to exercise the rights stated in this paragraph.

3. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to the Camps address below. By doing so, however, I understand that my child/ward will no longer be eligible for participation in the Camp.

4. I understand there are no refunds for late arrivals or early departures from the Camp, any dismissal for disciplinary action or because of emergency weather situations.

**I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.**

Name: \_\_\_\_\_ Child/Ward Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_