

# CATHOLIC HEART WORKCAMP L.L.C MEDICAL-RELEASE OF ALL CLAIMS

Church: \_\_\_\_\_ Contact Leader: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**HEALTH STATUS** (Confidential information please list any health problems you may have examples: asthma, allergies, back trouble, diabetes, seizures)

## MEDICATION

Please list all medications (including over the counter and prescription) taken routinely. Bring enough medication to last the entire time at camp. Keep medications in original bottle that identifies the physician, the name of the drug, the dosage and frequency of administration. Keep all over the counter medications in original packaging.

Please list all medication that the participant is taking:

Medication #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Reason \_\_\_\_\_

Medication #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Reason \_\_\_\_\_

Medication #3 \_\_\_\_\_ Dosage \_\_\_\_\_ Reason \_\_\_\_\_

Date of your last Tetanus Booster: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_  
(Attach a copy of your insurance card)

Participant Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Custodial Parent Name: \_\_\_\_\_

Custodial Parent Signature: \_\_\_\_\_  
(if under 21 years of age)

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

The foregoing was acknowledged before me on \_\_\_\_\_, 20 \_\_\_\_\_,

by \_\_\_\_\_

who produced the following identification \_\_\_\_\_.

Notary Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

My commission expires: \_\_\_\_\_ Commission number: \_\_\_\_\_

*\*We cannot allow anyone without personal medical insurance to participate in CHWC.*

In consideration for being accepted by Catholic HEART Workcamp L.L.C., a Florida limited liability company, I (we) being 21 years of age or older, do for myself (ourselves) and for and on behalf of my (our) child-participant (if said child is not 21 years of age or older) do hereby release, forever discharge and agree to forever hold harmless Catholic HEART Workcamps and its managers, members, directors, officers, employees and agents thereof, from any and all liability, claims, demands for personal injury, sickness, death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned or the child participant resulting from said child's participation in the above-described workcamp, (including travel between the child's home and the camp, free day activities, excursions from the camp and anytime spent at the camp). Furthermore, I (we) (and on behalf of our child-participant if under the age of 21 years) hereby assume all risk of said personal injury, sickness, death, damage and expenses as a result of participation as above set forth. Further, authorization and permission are hereby given to said organization to furnish any necessary transportation, food, lodging for and to assign work projects to this participant. The undersigned further agree to hold harmless and indemnify Catholic HEART Workcamp and associated social agencies and day care centers and their directors, officers, employees and agents, for any loss, claim, liability, damage, including property damage or injury whatsoever incurred by child-participant as a result of the negligent, willful or intentional acts of said participant, including reasonable attorney's fees and other expenses incurred attendant thereto.

If the participant has not attained the age of 21 years:

I (we) am (are) the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission for him (her) to participate fully in said workcamp, and hereby give my (our) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including, but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills. I give permission for my child to be transported in privately owned vehicles or in public transportation and for the release of medical records to an attending physician in case of illness. Further, should it be necessary for the participant to return home due to disciplinary action, for medical reasons or otherwise,

I (we) hereby assume and indemnify Catholic HEART Workcamp, L.L.C. for all transportation costs. I (we) am aware of no physical, mental or emotional problems, which would limit participation in or work performance during the workcamps. I (we) am (are) fully aware of the nature of the work to be undertaken during the Catholic HEART Workcamp.

The Catholic HEART Workcamp will employ reputable staff members and take reasonable precautions to safeguard the workcamp participants during the week of workcamp. However, neither the Catholic HEART Workcamp L.L.C. associated social agencies nor the school acting as "home base" will be liable for loss or damage to property of participants prior to, during or following the workcamp due to theft, fire, accident or any other cause beyond its control.

## MEDIA/PHOTO WAIVER

I hereby authorize and give my full consent to Catholic HEART Workcamp L.L.C. to copyright and or publish any and all photographs, video or audio in which I/my child will appear in while attending Catholic HEART Workcamp. I further agree that Catholic HEART Workcamp may transfer these photographs, video or audio for use on the Catholic HEART Workcamp website and all promotional material.

**Leaders: bring this original plus 2 copies to camp.**