

Camper Name: _____

Photo and Video Release

I give permission and consent to allow photographs and videos to be taken during camp session activities. I further give permission and consent that any such photographs and videos may be published and used by Camp St. Bernard, St. Bernard Preparatory School, and St. Bernard Abbey and their agents, to illustrate and promote the camp experience, Camp St. Bernard, and its camp programs.

Signature: _____

Date: _____

Parent Permission and Indemnity

We do hereby give our consent for him/her to attend any field trip, or other activity by Camp St. Bernard scheduled to take place during my child attending Camp St. Bernard in 2016, at locations both at St. Bernard Abbey and at locations other than St. Bernard Abbey premises. We consent to and authorize our child being transported to and from each said activity in (a) a motor vehicle driven by a senior staff member, bus driver, or other person designated by Camp St. Bernard, or (b) in a commercial bus, taxicab, or other public conveyance, arranged by Camp St. Bernard. We have adequate medical and hospital insurance in case an injury is incurred by our child while being transported to and from and/or while participating in said activity.

In consideration of the owner and/or driver of the motor vehicle transporting our child to and from any activity, and in further consideration of Camp St. Bernard undertaking said activity for the benefit of campers or staff, including our child:

We do hereby give our consent for all emergency medical care (including surgery, if deemed necessary and recommended by at least two attendant physicians) prescribed by a duly licensed physician for our child in the event of injury during the course of any said activity, including transportation to and from said activity. This emergency medical care may be given under whatever conditions are deemed necessary, or whatever conditions may exist so as to preserve life, limb, or well-being of our child.

We do assume all risks and hazards incidental to or attendant with our child's participation in said activity, and in each phase of it.

Signature: _____

Date: _____

Camper Name: _____

Camp Permission Form

I understand and certify that my child's participation in CAMP ST. BERNARD and its activities are completely voluntary and I have familiarized myself with the Camp's programs and activities in which my child will be participating.

I recognize that certain hazards and dangers are inherent at CAMP ST. BERNARD events and programs and particularly, but not limited to, the activities of horseback riding, swimming, rock climbing, ropes course, rappelling, archery, canoeing, kayaking, and I acknowledge that although CAMP ST. BERNARD has taken safety measures to minimize risk of injury to camp participants, CAMP ST. BERNARD cannot insure nor guarantee that the participants, equipment, premises, and/or activities will be free of hazards, accidents, and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by the Camp's rules, regulations, and procedures for the safety of camp participants.

Signature: _____

Date: _____

Health Release

I authorize members of the medical community contracted with the Camp formally or informally (contracted via written or spoken agreement), to release information regarding said camper/counselor/staff/volunteer's protected health and related information regarding any injury or illness during their participation at Camp or in participation or transportation to or from a Camp sanctioned event, either on St. Bernard Abbey property or at a venue other than St. Bernard Abbey property. This protected health information may concern the above camper/counselor/staff/volunteer's medical status, medical condition, injuries, prognosis, diagnosis, participation, camp status and related identifiable health information. This protected health information may be released to other healthcare providers and organizations that provide services to St. Bernard Abbey, St. Bernard Prep School and/or Camp St. Bernard, e.g. health care providers, hospitals, and or medical clinics, laboratories, Director of Camp St. Bernard, medical insurance coordinators, and any person designated by Director of Camp St. Bernard as privileged to receive said information.

I understand that as a parent/legal guardian my consent/authorization to the disclosure of the camper/counselor/staff/volunteer's information is a condition for the camper/counselor/staff/volunteer's participation in the Camp's activities and sanctioned events. I further understand that the camper/counselor/staff/volunteer's protected health information is protected under federal law. I, the parent/legal guardian, understand that once the information is disclosed per consent/authorization, the information is subject to the re-disclosure by the recipient and may no longer be protected under federal law. I, the parent/legal guardian, may refuse to sign this disclosure form, but if I do so, the Camp may not allow the camper/counselor/staff/volunteer to participate in any Camp sanctioned event. I may revoke this authorization at any time by notifying the Director of Camp St. Bernard in writing, but if I do so, it will have no effect on actions taken in reliance upon prior authorization. This authorization will expire one calendar year from the date signed below.

Signature: _____

Date: _____