

**Camper Covenant of Conduct**

**Campers Printed Name** \_\_\_\_\_

*Registering Camper must read and sign the following:*

As a participant of a Boy Scout and Girl Religious Retreat, I understand that this is an opportunity to have fun and grow in my Christian faith. I therefore agree to act in a Christian manner and abide by the rules and regulations given by the Retreat staff and appointed adult representatives. I also understand and agree that I will notify my parents/guardians at the time of any infractions that may require my dismissal from the Retreat. I also understand that if I am dismissed while attending that I will be sent home at my own and/or my parents'/guardians' expense and upon dismissal the supervision/liability will become my parents'/guardians' responsibility.

**Participating Camper Signature** \_\_\_\_\_

**Parent Medical and Liability Release**

As a parent or guardian of the registrant, I request you accept my child or ward to be a participant at the Boy Scout and Girl Scout Religious Retreat. I understand that the Retreat staff will take every precaution to minimize the real risk of physical harm and ensure my child's or ward's safety while in their care.

In case of medical or other emergency, I hereby give and grant my permission to any licensed physician, dentist, hospital or emergency service selected by the Director, or his/her representatives, to secure medical care and treatment including but not limited to any X-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment for my child or ward named above. I also release the staff and his/her representatives, and the Catholic Diocese of Greensburg from all responsibility for any liability arising out of any illness or accident which may be sustained by my child or ward during their care. In case of an emergency and parents/guardians cannot be reached, an ambulance or emergency personnel will be notified. Payment for medical emergencies is the responsibility of the parent/guardian. I understand that reasonable efforts will be made to contact me immediately in the event that something unforeseen happens that needs my immediate attention, but if the staff or his/her representatives are not able to contact me, I hereby authorize them to grant any medical or legal authority which I could grant if I were personally present in any emergency or urgent situation affecting my child or ward. On behalf of myself, my heirs, assigned executors and personal representatives, I release, hold harmless and discharge forever the staff, and his/her representatives, the Catholic Diocese of Greensburg, employees, sponsors, chaperones and affiliates from any and all liability, claim, loss, damage, cost or expense and waive any such claims against any such person or organization arising directly or indirectly from or attributable in any legal way to any action or omission to act of any such person or organization in connection with the organization or execution of the Youth Retreat. I understand and agree to follow the registration guidelines listed on this form.

**Signature of Parent or Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_

**Publicity/Promotion Release**

I hereby grant the Diocese of Greensburg, Pennsylvania, and its respective licensees, successors and assigns, the right and permission, with respect to those photographs taken of me or the minor named below on whose behalf I am signing, and with respect to any printed or electronic matter in connection therewith, to do the following:

1. To include such photos on the Diocese of Greensburg website
2. To use my name or the name of the minor on whose behalf I am signing, in connection with the foregoing.

I hereby release, discharge and agree to indemnify and hold harmless the Diocese of Greensburg and its legal representatives, licensees, successor and Assigns, from all claims and demands whatsoever arising out of or in connection with the foregoing, and waive any right to inspect or approve the same.

**Participating Camper Signature:** \_\_\_\_\_

I hereby certify that I am the *parent and/or guardian* of \_\_\_\_\_, a minor under the age of eighteen years, and hereby consent on behalf of said minor to the use of any of the photographs taken of said minor pursuant to the terms set forth in this Photographic Release, including, without limitation, the release, discharge and hold harmless provisions thereof.

**Parent/Guardian Signature:** \_\_\_\_\_