

Parental Permission for Minors to Attend Camp Ondessonk Event

I hereby approve for my son/daughter/ward (name) _____ to attend **The Lodges of Ondessonk and Tekakwitha Reunion** from (dates) _____ at Camp Ondessonk, and in consideration of the benefits derived, expressly waive any and all claims against the Catholic Diocese of Belleville, Camp Ondessonk, or its representatives on account of accident or sickness or injury or any other damage that may be incurred to the above mentioned child or his/her property in connection with an incident at this Camp.

Printed Name _____

Parent/Guardian

Signature _____ Date _____

Camp Ondessonk Waiver of Claim

I hereby release to Camp Ondessonk and/or the American Camp Association the right's of my or my child's photograph, image, likeness and/or voice as recorded on video tape or film for the purpose of promotion, videos, yearbooks, website or publications. I hereby release any and all claims against Camp Ondessonk, Catholic Diocese of Belleville, its representatives, or officers arising in connection with the usage of my or my child's photo, likeness and/or voice. I acknowledge that this release is formal and final and understand that Camp Ondessonk, Catholic Diocese of Belleville, may proceed in reliance thereon.

I, on behalf of myself or my minor child/ward, (please print participant's name) _____ hereby release, indemnify and hold harmless, Camp Ondessonk, Diocese of Belleville, clergy, volunteers, officers, board members and/or agents from and against any and all claims, losses, suits, damages, or costs (including attorney fees) arising out of, resulting from or relating to my or my minor child/ward's participation in equine and/or climbing activities, including but not limited to horseback riding and/or climbing on natural or man-made surfaces in or around the premises operated by Camp Ondessonk.

I acknowledge and understand that participation in these activities involve inherent risks, including but not limited to (1) the propensity of an equine to behave in dangerous ways that may result in injury to the participant; (2) exposure to weather-related hazards (3) the hazards of surface or subsurface conditions. Notwithstanding this knowledge and awareness, I assume all risks of my or my minor child/ward's participation in activities and legal responsibility for injury, loss, or damage to person or property resulting from the risk of such activities.

I, as a participant or as a parent/guardian of a participant, understand I or my child will be participating in activities that involve periods of physical exertion, balancing, heights (up to 80 feet) and interaction with animals. I and/or my child agree to inform the instructors of any physical, mental or medical condition that might affect my/his/her ability to participate or affect other members of my group. I and/or my child also realize that failure to share that information could result in serious harm to myself/him/her or others. I also state that I and/or my child are not under and will not be under the influence of any chemical substance including alcohol. I and/or my child agree to comply with safety instructions given and to be responsible for my/his/her own personal safety and well being. I agree to hold Camp Ondessonk, its Directors, Officers, Employees, Agents and/or Associates harmless for any accidents, injury, loss of or damage to property that may occur on this property. I understand that all possible precautions are taken to insure that all programs and activities sponsored by Camp Ondessonk are conducted by mature and qualified personnel in a safe and responsible manner. I voluntarily assume the risks of the activities and I and/or my child agrees to report any injuries before leaving the premises.

I further acknowledge that (1) I am the parent/guardian of the minor child/ward identified above OR I am the participant identified above; (2) I have read this release in its entirety; (3) I fully understand and accept its terms; (4) I have executed this release voluntarily:

I expressly waive any and all claims against the Catholic Diocese of Belleville, Camp Ondessonk, or its representatives on account of accident or sickness that may be incurred to the above mentioned person or his or her property in connection with an incident during this camp's activities.

Printed Name of

Participant or Parent/Guardian _____

Signature of

Participant or Parent/Guardian _____ Date _____

Please send to:

Camp Ondessonk
3760 Ondessonk Road, Ozark, IL 62972
Fax: 618-695-3593
Email: Linda.Scruggs@ondessonk.com