



**YOUTH MEDICAL RELEASE
BALTIMORE WORKCAMP 2020
Due Date: March 15, 2020**

As the parent/legal guardian of _____, permission is hereby granted for my son/daughter to go on Baltimore WorkCamp 2020 produced by St Anthony Shrine (hereafter "WorkCamp"), from Sunday, June 28, 2020 through Friday, July 3, 2020 at Bishop Walsh Catholic High School in Cumberland, MD. I also give permission for my child to be transported to, from, and during all WorkCamp activities by a Virtus-trained volunteer, employee, or third-party transportation company. I knowingly, voluntarily and without reservation and on behalf of myself, my child, my heirs, and my estate, hereby RELEASE, INDEMNIFY, DEFEND AND HOLD HARMLESS Our Lady of Mount Carmel, Thurmont, Roman Catholic Congregation, Incorporated; St. Anthony Shrine, Emmitsburg, Roman Catholic Congregation, Incorporated ("St. Anthony"); St. Timothy, Walkersville, Roman Catholic Congregation; St Joseph, Emmitsburg, Roman Catholic Congregation; Holy Family, Middletown, Roman Catholic Congregation; Our Lady of the Mountains, Cumberland, Roman Catholic Congregation; the Roman Catholic Archbishop of Baltimore and his successors, a Corporation Sole, and each of their affiliate organizations, agents, employees, officers, directors, volunteers, officials, students, and other participants (collectively, the "Church") from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury (including death) sustained in connection with or arising out of my child's participation in the WorkCamp, including the cost of any medical care given to me or any expenses or fees including attorneys' fees incurred in any lawsuit or claim arising as a result of any damage or injuries incurred by or caused by me in the course of my participation in the WorkCamp. By my signature below, I understand and acknowledge that my child's participation in the WorkCamp involves inherent risk of minor or serious injury, including permanent disability, death, and/or economic losses which might result from my child's actions or inactions, the negligence of others, and the inherent risks of the WorkCamp and its activities. I have voluntarily elected to allow my child to participate, and I fully understand, appreciate, and hereby assume all such dangers and risks.

I understand that my child's participation in WorkCamp may require a minimum level of fitness for safe participation, and that the Church does not screen, medically or otherwise, individuals that participate in WorkCamp. I acknowledge that it is my sole responsibility to make certain that my child is physically fit and healthy enough to participate in WorkCamp. In the case of a health emergency or need of urgent healthcare involving my child, after a reasonable effort has been made to contact me (or if the urgency of the circumstances does not permit an effort to contact me), I authorize and consent to any medical care deemed necessary for the health and safety of my child. I request and authorize physicians, dentists, and duly licensed health care professionals and staff to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment on the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen of tissue taken from the above-named minor.

I recognize and acknowledge there is no accident coverage nor is there any medical payments coverage available to me in order to compensate me for expenses I incur from deductibles, co-payments, prescription drugs, or medical services not covered through my own health insurance provider(s) for any injury my child sustains as a result of WorkCamp. I agree that any medical coverage(s) I have will be primary and under no circumstance will I seek any contribution from the Church, or their insurer, for any medical expenses.

(MUST check one of the following)

- My son / daughter is covered by hospitalization and medical insurance under policy # _____ issued by _____
- My son / daughter is NOT covered by hospitalization and medical insurance and I assume responsibility for the cost of hospitalization and medical care for my son/daughter.

ADD any other medical information concerning allergies, illness, challenges, etc.:

ADD any dietary restrictions: _____

I acknowledge and agree that photographs or videotape of participants of WorkCamp, including my child, may be used in publications, websites or other materials produced from time to time by the Church. (Participants will not be identified by name, however, without specific written consent.) I agree that if I do not wish my child to be photographed or videotaped, I will notify the WorkCamp staff. I understand that the Church has no control over the use of photographs or film taken by media that may be covering the event in which my child participates.

The emergency contact(s) listed below have permission to pick-up my child and to make decisions regarding my child on my behalf if the WorkCamp staff is unable to reach me.

Full name of participant _____

Date of Birth and year _____ Date of last Tetanus Booster _____

Known allergies including to medicine (continue on the back if needed) _____

Any other medical problems which should be noted (continue on the back if needed) _____

Are you currently taking any prescribed drugs? If so, please list _____

Home phone _____ Parent/guardian cell phone _____

Parent/guardian work phone _____

Emergency contact and phone _____

I hereby grant permission to any staff member to provide the following over-the-counter drugs (or their generic equivalent) to my son/daughter if requested by my son/daughter. Check all that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Tylenol/Acetaminophen | <input type="checkbox"/> Benadryl Diphenhydramine | <input type="checkbox"/> Advil/Ibuprofen |
| <input type="checkbox"/> Imodium/Antidiarrheal | <input type="checkbox"/> Neosporin/Antibody Ointment | <input type="checkbox"/> Pepto Bismol |

Doses of such drugs will be provided in accordance with the instructions contained on the drugs' packaging.

I HAVE READ THE ABOVE RELEASE FORM, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Signature of Parent/Guardian

Date

Please tape a copy of both sides of youth insurance card HERE