



Permission and Liability Waiver

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Description of Activity: **Sacramental Surf Retreat**

Date(s): **Friday, June 14, 2018**

Nature and Duration of Activities: **Single-day retreat to teach participants how to surf and embolden Catholic faith.**

Location: **Folly Beach, South Carolina**

Activity Supervisors: **Justin Gaeta/ Christian Gaeta (843.901.9948); Chelsea Moore (blsacym@gmail.com)**

Transportation: **Not provided by Catholic Surfing Ministries**

Lodging: **N/A**

Participant Information:

Participant's Name: _____ Parent/Guardian's Name (if minor): _____

Birth Date: _____ Age: _____ Gender: _____

Full Address: _____

Cell Phone: () _____ Home Phone: () _____

Please include a copy of your insurance card, front and back.

Insurance Carrier: _____ Policy Number: _____

Emergency Contact Information:

Emergency Contact Name: _____ Relationship: _____

Full Address: _____

Cell Phone: () _____ Home Phone: () _____

Requirements:

The person named above is in good health and has no physical or medical limitations that would cause the activities as described above to be detrimental to the person. Parents/guardians should specify allergies and medical problems in the Emergencies section below.

Consent:

I/We hereby consent to my own (or to the above-named child's) participation in the activities described above, and specifically request that I/We (or he/she) be allowed to participate in those activities. I/We warrant that I/We have full authority to legally consent to his or her participation in the activities described on this form, and all provisions contained herein.

Signature of Participant/Guardian: _____ Date: _____

Permission To Be Photographed:

I/We hereby authorize Catholic Surfing Ministries to use the image and likeness of me (or my child) in photograph or video form whether taken by or commissioned by Catholic Surfing Ministries in its promotional materials and for its promotional purposes associated with its nonprofit activities. This authorization shall extend to use of my (or my child's) image and likeness on the website and social media of Catholic Surfing Ministries. I/We understand that this authorization shall survive the end of my (or my child's) participation in the above activities. Yes _____ No _____

Signature of Participant/Guardian: _____ Date: _____



Medical Consent and Permission to Treat

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Insurance:

I/We understand that Catholic Surfing Ministries does not carry any insurance relative to the activities or for any injury that may occur to the above-named person. I/We represent that the person is (a) covered by insurance through my own insurance carrier; or (b) that I/We am personally financially responsible for any and all medical costs incurred as a result of the person's injury.

Signature of Participant/Guardian: _____

Date: _____

Emergencies:

If the above-named person requires any emergency medical procedures or treatments during the activities, I/We consent to the activity supervisor taking, arranging for or consenting to such procedures or treatments in the discretion of the activity supervisor.

Signature of Participant/Guardian: _____

Date: _____

Release and Indemnification:

I/We release and waive, and further agree to indemnify, hold harmless or reimburse Catholic Surfing Ministries, the individual members, agents, directors, officers, employees, volunteers and representatives thereof, as well as activity supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the above-named person, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses (including attorneys' fees) incurred by Catholic Surfing Ministries or any of its individual employees, agents, volunteers, etc. in enforcing this indemnity provision without limitation in time or amount, damages or injuries arising out of, during, or in connection with the person's participation in the activities, the travel to and there from, and the rendering of emergency medical procedures or treatment, if any. I/We understand that this release and indemnification shall survive the end of my (or my child's) participation in the activities referenced on this form. If, in the event of a medical or other emergency, I/We am unable to be reached by telephone at my home or work telephone numbers listed below, I/We authorize the activity supervisor to attempt to contact me/us through the emergency contacts listed above.

Signature of Participant/Guardian: _____

Date: _____