

Summer Camp Waiver and Release of Liability Form

I hereby give my permission for my child(ren) to participate in the Holy Trinity School (the “School”) Summer Camp Program (“Summer Camp”).

Participation in any program which involves physical activity exposes the camper to certain risks and dangers. Accidents and injuries are always a possibility, and it is impossible to foresee and protect the camper from all conceivable dangers.

I hereby affirm that my child(ren) has/have no conditions that would make it unsafe for him/her/them to participate in the camps program(s) selected.

I understand that we are in the midst of a global pandemic and that the highly contagious nature of COVID-19, and the fact that individuals infected with COVID-19 may be asymptomatic, creates a risk of infection from any activity involving contact with others. I understand and acknowledge that I am responsible for reviewing the School’s health and safety protocols for Summer Camp and ensuring that I and my child(ren) follow those protocols. I acknowledge that the School has implemented reasonable preventative protocols, policies and procedures designed to reduce the spread of COVID-19 during Summer Camp. I voluntarily assume the risk that my child(ren) may be exposed to or infected by COVID-19 while attending Summer Camp.

I understand that the School may exclude my child(ren) from Summer Camp in the event that I or my child(ren) fail to abide by the School’s health and safety protocols, disrupt, impede or interfere with the operations of the Summer Camp, or threaten the health, safety or welfare of other participants or Summer Camp staff, and that no refund of any fees will be made in such circumstances.

Medical Consent: I understand that the School will make every effort to contact me in the case of an emergency. I give my permission for the School to administer any medications needed and to provide and arrange for and consent to any necessary medical treatment for my child(ren) while at the School, including onsite and offsite emergency care. I accept responsibility for the costs of all such medical treatment.

I accept I decline medical care for my child(ren)

Photography Release: In consideration of child(ren)’s participation at the School, and without any further consideration from the School, I hereby grant permission to the School, staff and affiliates to utilize my child(ren)’s appearance, performance or voice in any and all manner and media throughout the world for the purpose of promotion, reporting or publication. The School may use my child(ren)’s, likeness, voice and biographical material in connection with publication, promotion, exhibition and distribution of such material. I understand that no royalty, fee or any other compensation of any kind shall become payable to me by reason of such release and use of any photograph.

I accept I decline photography release for my child(ren)

By signing this Waiver and Release of Liability, with full appreciation of the risk involved, on my own behalf and on behalf of my child(ren), I hereby voluntarily release and forever discharge the School, its trustees, officers, employees, agents, insurers and contractors from any and all legal or financial

responsibility for any personal injury, disability, illness, damage, medical expense or death, arising from or related to my child(ren)'s participation in Summer Camp. I agree, for myself and my child(ren), not to make any type of legal or equitable claim on the School, or any of its trustees, officers, employees, agents, insurers or contractors with respect to any injury I or my child(ren) may suffer, whether or not it arises through the negligence, omission, default or other action of anyone affiliated with the School, including other campers. I further agree that if any such claim is made, I will indemnify and defend the School with respect to any such claim, injury or damage.

Name of Camper(s)/Age(s): _____

Signature of Parent/Legal Guardian: _____ Date: _____

Parent/Legal Guardian Full Name: _____