

**PERMISSION TO PARTICIPATE IN ACTIVITIES**  
**2016 - 2017**  
**RC ACTIVITIES, INC.**

1. **CHILD'S NAME:** \_\_\_\_\_ **CHILD'S BIRTHDATE:** \_\_\_\_\_ **GRADE IN SCHOOL:** \_\_\_\_\_

2. **NATURE AND DURATION OF ACTIVITIES:** Holy Week Missions, April 12-16, 2017.

3. **ACTIVITY SUPERVISOR(S):** As stated in the website.

4. **TRANSPORTATION:** Not Applicable. Participants are responsible for securing their own transportation to and from activities, as the company does not provide transportation.

5. **MENTORING:** Participants may be offered mentoring, which is intended to help young people personalize the principles of Christian living that they receive at home and in club activities. Mentoring involves a one-on-one conversation with an adult conducted in plain view of others. When dealing with adolescents, confidentiality will be maintained to foster openness of dialogue, but situations involving sexual abuse of a minor or threats to life or physical health will be reported to the appropriate authority and to the parents (except in those cases where the parent may be the alleged abuser).

6. **REQUIREMENTS:** The child named above is in good health and has no physical or medical limitations that would cause the activities as described above to be detrimental or dangerous to the child. Parents/guardians should specify allergies and medical problems in section 10 below.

7. **CONSENT:** I/We hereby consent to the above-named child's participation in the activities described above including mentoring, and specifically request that he be allowed to participate in those activities. I/We warrant that I/We have full authority to legally consent to her participation in the activities described on this form, and all provisions contained herein.

8. **AUTHORIZATION:** I/We hereby authorize RC Activities, Inc. to use the image and likeness of my/our child in photograph or video form whether taken by or commissioned by RC Activities, Inc. in its promotional materials and for its promotional purposes associated with its nonprofit activities. This authorization shall extend to use of my/our child's image and likeness on the website of RC Activities, Inc., or its successor in operation or affiliated organization(s) upon written consent of RC Activities, Inc. I/We understand that this authorization shall survive the end of my/our child's participation in the activities referenced on this form.

9. **INSURANCE:** I/We understand that RC Activities, Inc. does not carry any health insurance relative to the activities or for any injury that may occur to the above-named child. I/We represent that the child is (a) covered by insurance through my/our own insurance carrier; or (b) that I/We am/are personally financially responsible for any and all medical costs incurred as a result of the child's injury.

10. **EMERGENCIES:** If the above-named child requires any emergency medical procedures or treatments during the activities, I/We consent to the activity supervisor(s) taking, arranging for or consenting to such procedures or treatments in the discretion of the activity supervisor(s). For purposes of such procedures and treatments, my/our child's blood type allergies or other medical problems (if any) are listed below:

Blood Type: \_\_\_\_\_ Allergies / Medical Problems: \_\_\_\_\_

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11. **EMERGENCY CONTACTS:** If, in the event of a medical or other emergency, I/We am/are unable to be reached by telephone at the numbers listed below, I/We authorize the activity supervisor(s) to attempt to contact me/us through the alternative emergency contacts listed below.

**Parents/ Guardians Contact Information**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Alternative Emergency Contact Information**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

12. I give permission for Event Supervisor(s) and Club Leader(s) to communicate with my child using text messaging and/or email regarding the details of the Activity / Program (Only participants 15 years old and older).

\_\_\_\_\_  
Parent / Guardian Printed Name  
Guardian Signature

\_\_\_\_\_  
Parent /  
Guardian Signature

Child's email address: \_\_\_\_\_

Child's Cell Phone number: \_\_\_\_\_

I would like to be copied on all emails and text messages to my child.      YES      NO

Parent / Guardian email address: \_\_\_\_\_

Parent / Guardian Cell Phone number: \_\_\_\_\_

I do not wish to have my child contacted: \_\_\_\_\_  
Parent / Guardian Signature

13. **RELEASE AND INDEMNIFICATION:** I/We release and waive, and further agree to indemnify, hold harmless or reimburse RC Activities, Inc. and Consolidated Catholic Administrative Services, Inc., 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 child, 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 RC Activities, Inc. and Consolidated Catholic Administrative Services, Inc., 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 my/our child'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/our child's participation in the activities referenced on this form and shall have no limitation in time or amount.

I/We have read and understand the above and agree to all terms and conditions contained therein.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Printed Name

\_\_\_\_\_  
Parent / Guardian Printed Name

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Parent / Guardian Signature

**RELEASE/WAIVER/INDEMNIFICATION FOR ACTIVITIES –18 YRS & OLDER**  
**2016 - 2017**  
**RC ACTIVITIES, INC.**

1. **NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_
2. **NATURE AND DURATION OF ACTIVITIES:** Holy Week Missions, April 12-16, 2017.
3. **ACTIVITY SUPERVISOR(S):** As stated in the website.
4. **TRANSPORTATION:** Not Applicable. Participants are responsible for securing their own transportation to and from activities, as the company does not provide transportation.
5. **REQUIREMENTS:** The participant named above is in good health and has no physical or medical limitations that would cause the activities as described above to be detrimental or dangerous to the participant. Specific allergies and medical problems should be indicated in section 9 below.
6. **CONSENT:** The above name participant certifies that he/she is above the age of majority and hereby consents to participate in the activities described above, and specifically requests that he/she be allowed to participate in those activities.
7. **AUTHORIZATION.** The above named participant hereby authorizes RC Activities, Inc. to use the image and likeness of him/her in photograph or video form whether taken by or commissioned by RC Activities, Inc. in its promotional materials and for its promotional purposes associated with its nonprofit activities. This authorization shall extend to use of his/her image and likeness on website of RC Activities, Inc. or its successor in operation or affiliated organization(s) upon written consent of RC Activities, Inc. The above named participant understands that this authorization shall survive the end of his/her participation in the activities referenced on this form.
8. **INSURANCE:** The above named participant understands that RC Activities, Inc. does not carry any insurance relative to the activities or for any injury that may occur to him/her. The above named participant represents that he/she is (a) covered by insurance through his/her own insurance carrier; or (b) that he/she is personally financially responsible for any and all medical costs incurred as a result of injury.
9. **EMERGENCIES:** If the above named participant requires any emergency medical procedures or treatments during the activities, he/she consents to the activity supervisor(s) taking, arranging for or consenting to such procedures or treatments in the discretion of the activity supervisor(s). For purposes of such procedures and treatments, the above named participant's blood type allergies or other medical problems (if any) are listed below:
- Blood Type: \_\_\_\_\_ Allergies / Medical Problems: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

10. **EMERGENCY CONTACTS:** In the event of a medical or other emergency, the above named participant authorizes the activity supervisor(s) to contact the emergency contacts listed below

**Emergency Contact Information**

- (1) Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_
- (2) Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

11. **RELEASE AND INDEMNIFICATION:** I release and waive, and further agree to indemnify, hold harmless or reimburse RC Activities, Inc. and Consolidated Catholic Administrative Services, Inc., the individual members, agents, directors, officers, employees, volunteers and representatives thereof, as well as activity supervisors, from and against, any claim which I, any parent or guardian, any sibling, 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 RC Activities, Inc. and Consolidated Catholic Administrative Services, Inc., 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 my participation in the activities, the travel to and there from, and the rendering of emergency medical procedures or treatment, if any. I understand that this release and indemnification shall survive the end of my participation in the activities referenced on this form and shall have no limitation in time or amount.

I have read and understand the above and agree to all terms and conditions contained therein. DATE: \_\_\_\_\_

\_\_\_\_\_  
Participant Signature

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

# TRANSPORTATION WAIVER

## HOLY WEEK MISSIONS: CHICAGO

\_\_\_\_\_  
Missionary First Name (Please Print)

\_\_\_\_\_  
Missionary Last Name

\_\_\_\_\_  
DOB

Waiver Valid for: April 12-16, 2017

Transportation during Holy Week Missions is not provided by RC Activities, Inc.

Transportation of missionaries during Holy Week Missions will be provided in the following ways:

- Bus rental
- Individual adult volunteers
- Public transportation

Therefore

I recognize participation in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify I have been advised of the potential risks, and I have full knowledge of the risks involved in this activity, and I assume any expenses incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

Furthermore, as a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge RC Activities, Inc., and their agents, officers, employees and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Guardian Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent Guardian Phone Number