

CATHEDRAL RIDGE
ASSUMPTION OF RISK, WAIVER OF LIABILITY and
PARENT/GUARDIAN PERMISSION FORM
*****TWO SIDED FORM*****

PARTICIPANT NAME: _____

In order to participate in a program at Cathedral Ridge, each participant must submit completed versions of this Assumption of Risk, Wavier of Liability and Parental Permission Form and the accompanying Health Form. Participants who have not completed both forms will not be permitted to participate in camp activities until they are received.

AGREEMENT TO PARTICIPATE

To ensure that you and your parents understand and accept the risks of participation in programs at Cathedral Ridge, you both must indicate your understanding and agreement by signing on the appropriate lines below.

PARTICIPANT AGREEMENT

I affirm that my participation in the program is entirely voluntary, and understand that participation in the program involves a risk of injury due to certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries, such as, but not limited to, the following: contact with other individuals playing in a game; contact with the floor, walls, goals, posts or equipment which are part of the playing area; and strenuous exertions, quick movements, and changes of speed, which place stress on the cardiovascular, muscular, and skeletal systems. The specific risks vary from (1) minor injuries such as scratches, bruises and sprains, to (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions, to (3) catastrophic injuries including paralysis and death. I understand that if I have questions about possible hazards, it is my responsibility to seek additional information from the program staff prior to signing this Form. I also understand that, despite safety precautions, neither the program nor Cathedral Ridge can guarantee that I will not be injured. I agree to assume these risks.

I understand that the best way to make sure that I remain safe and avoid injury is to follow the rules, regulations and instructions of the staff of the program. I agree that I will learn and obey all the rules and regulations and will follow all instructions of the staff of the program.

PARENT/GUARDIAN AGREEMENT

I agree to allow my child/ward to participate in the program and affirm that my child's/ward's participation is completely voluntary. I understand that there are risks inherent in the activities my child will engage in at Cathedral Ridge (some of which are described above) which may cause serious injury or even death. I also understand that, despite safety precautions, neither the program nor Cathedral Ridge can guarantee that my child/ward will not be injured. My child/ward and I are willing to assume these risks. To minimize the risk, I have instructed my child/ward to obey all the rules, regulations and instructions of the program.

ASSUMPTION OF RISK, WAIVER OF LIABILITY, RELEASE & AGREEMENT NOT TO SUE:

In consideration for permitting me/my child/ward to participate in the program, **I voluntarily agree**, for myself, my heirs, executors, and administrators, to the following:

TO ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH that may be sustained by me/my child/ward, or any loss or damage to property owned by me/my child/ward, as a result of training for, participating in, or traveling to or from Cathedral Ridge.

1. TO RELEASE, WAIVE, HOLD HARMLESS, DISCHARGE, & AGREE NOT TO SUE the person or entity responsible for administering the program, Cathedral Ridge, the Diocese of Colorado or its trustees, officers, employees, agents, counselors, and staff (hereinafter referred to as “releasees”) from any and all liability, claims, actions, demands, expenses, attorneys fees, breach of contract actions, breach of statutory duty, or other duty of care, warranty, strict liability actions, and causes of action whatsoever, that I might now have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while training for, traveling to or from, or participating in the program.

MEDICAL RESPONSIBILITIES: I understand that I should obtain health insurance coverage prior to participating in the program. I further understand that I will be responsible for my medical expenses.

TRANSPORTATION: I give permission for my child to participate in and to be transported while under proper staff supervision at all times for field trips, educational excursions and other center-sponsored activities. Off-site field trips and all transportation for children will meet state child care licensing regulations and center policies including minimum-age requirements.

PHOTO RELEASE: I give permission for photographs taken of me/my child/ward while participating in the program to be used in marketing/public relations material in the promotion of Cathedral Ridge.

By signing below, I acknowledge that I have read, understand and agree to the terms outlined above:



Parent/Guardian Name _____
Signature _____ Date _____
Participant Name _____
Signature _____ Date _____

Please return form to:
Camps
The Office of the Bishop
1300 Washington St., Denver, CO 80203
camp@coloradodiocese.org
303.837.1173