



St. Patrick Parish Vacation Bible School

July 8th - 12th

9am - 12pm

Participant's

Name: _____ Gender: _____ Age: _____

☐

Child Camper

☐

Teen Volunteer

☐

Adult Volunteer

Name of Parent(s): _____

Best Phone Number(s): _____

Home Address: _____

Email Address: _____

Parish: _____

List ANY Special Concerns, Food or Drug Allergies*	Emergency Contacts & Phone Numbers

I give my child permission to participate in all activities and programs during St. Patrick Parish Vacation Bible School. I agree that St. Patrick's will not be held responsible for accidents or persons injured. I understand that although St. Patrick's does strive to provide a safe food environment, we require children with severe food allergies to bring their own snacks. I also realize that my child may be in photographs taken during VBS and I waive the right to inspect or approve the photo if used for publications within the church community, including online posts. If pictures are used, no private information, such as your child's full name, will be given.

Parent Signature: _____ Date: _____

*If your child needs an EpiPen, inhaler or has other medical concerns, please speak with Christine Lemieux before camp begins.

Registration: Cost is \$50 per child for campers age 5-12, \$100 per family max. Twelve year-old former campers may volunteer with teen leads if preferred. No cost for teen/adult volunteers, although donations are greatly appreciated. Make checks payable to St. Patrick Parish. Mail to 12 Main Street, Pelham, NH 03076 or drop-off at the office. If camp is cancelled, a refund will be issued. Email Christine Lemieux at CMLEmieux@proton.me with any additional questions. Please pray for us!

FOR CHURCH USE ONLY:

Registration fee paid: _____ Cash: _____ Check: _____ Crew: _____

General Release and Waiver of Liability

NOTICE: THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS.

This General Release and Waiver of Liability executed on

this _____ day of _____, 20 _____ by

_____ (your child's name)

whose permanent address is

_____ and the Roman Catholic Bishop of Manchester, a Corporation Sole d/b/a
St. Patrick Parish as respects **Vacation Bible School**.

The Participant understands the Activity may involve exposure to hazards that may result in legal liabilities, bodily injury, or property loss or damage.

The Participant hereby freely, voluntarily, and without duress executes this Release under the following terms:

1. **Acknowledgement and Assumption of Risk.** Participant acknowledges that in the course of the Activity, the Participant or its agents or representatives might cause injuries death, property damage or other harm to third parties. Participant accepts and voluntarily insure all risks of any such injuries, damages, or harm which arise during or result from the Activity, except only to the extent caused by the sole negligence or intentional misconduct of The Church or its officers, employees, volunteers, agents, and representatives.
2. **Waiver and Release.** Participant waives, releases and forever discharges all claims against The Church and its officers, employees, volunteers, agents, and representatives (herein after collectively "Released Parties") for any injuries, damages, losses or claims, whether known and unknown, which arise during or result from the Activity, except only to the extent caused but the sole negligence or intentional misconduct of any of the Released Parties.
3. **Indemnification and Hold Harmless.** Participant agrees to indemnify and hold the Released Parties harmless from all losses, liabilities, damages, costs or expenses (including but not limited to reasonable attorney's fees and other litigation costs and expenses) incurred by any of the Released Parties as a result of any claims or suits brought against any of the Released Parties to recover any losses, liabilities, costs, damages, or expenses which arise during or result from the Activity, except only to the extent caused by the sole negligence or intentional misconduct of any of the Released Parties.
4. **Insurance.** The Participant agrees to have his or her own medical or health insurance coverage and the Participant understands that such insurance is a requirement of the Activity.
5. **Other.** The Participant expressly agrees that this Release is intended to be as broad as permitted by the laws of the State of New Hampshire, and that this Release shall be governed by and interpreted in accordance with the laws of the State of New Hampshire. Participant also agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Participant has executed this Release as of the day and year first above written. FOR PARTICIPANTS UNDER THE AGE OF 18: By signing this agreement on my child/ward's behalf, I acknowledge that I have read the above Release and that by signing this Release on my own and his/her behalf, we agree to be bound by its terms.

Parent/Guardian Signature:
