ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

Participants and parent(s)/guardians must read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. This form must be signed by the Participant AND by the parent or legal guardian of the Participant, and those signing expressly warrant they have the legal rights to sign and enter into this Agreement.

We, Participant and Parent/Guardian, understand that participation in the 2016 BCSN Camp (the “Camp”) may include activities that are risky and dangerous. Participation in Camp activities involves the possibility of a serious injury and/or death. Camp-related events involving a risk of serious or even fatal injury may include without limitation: physical and sports activities; use or operation of equipment and facilities; adverse weather conditions such as heat, wind, and storms; contact with plants, animals or other environmental hazards; transit to and from Camp and activity locations; the rendering of first-aid, emergency treatment, or similar services; the consumption of food or drink; and unknown and unanticipated activities and risks. We acknowledge and accept all such risks and voluntarily give permission for Participant to fully participate in the Camp.

In consideration of the opportunity for Participant to attend the Camp, the undersigned Parent/Guardian, on behalf of the child, and all parents and family members of the child, expressly assume any and all risks associated with or arising out of participation in the Camp, including (but not limited to) risks of bodily injury and emotional injury sustained at the Camp, or at any related activity (including transportation to or from any event associated with the Camp). In addition, to the fullest extent under the law we release Catholic Youth Organization Athletics, Diocese of Toledo, Premier Academy, Two’s Athletic Club, BCSN, Buckeye Cablevision, Inc., Block Communications, Inc., and all of their affiliates, shareholders, officers, directors, employees, volunteers, agents, and event sponsors (collectively, the “Released Parties”) from any and all liability for injury or damage, including liabilities arising from or related to Participant’s negligent or otherwise wrongful acts. We further agree to indemnify and hold the Released Parties harmless from and against any liability, claims, causes of actions, damages or demands of any kind or nature whatsoever which may arise out of or in connection with participation by the Participant in the Camp or related activities.

We certify that the Participant is in good health and there is no medical reason or physical condition limiting his/her ability to participate fully and safely in the Camp, and we will ensure that Participant will abide by all directions, orders, and decisions of the Camp organizers or events sponsors. We consent to first aid, emergency medical care and, if appropriate, admission to an accredited hospital when appropriate for treatment of any injuries that he/she may sustain while participating in any activity associated with the Camp.

We agree that BCSN or its authorized agents may photograph and videotape the Participant in connection with, the Camp. We agree that BCSN shall be the exclusive owner of any photographs and other recording, and any copyright or other rights associated with images and recordings, and we grant BCSN full rights to use Participant’s photos, videos, images, or other records in any form and over any media (internet, broadcast, cable, or otherwise), for any purpose (including commercial).

PRINT Participant’s name: __________________________________________________________

Parent/Guardian - PRINT name: ___________________________________________________

Parent/Guardian’s signature: ______________________________________________________ Date: __________

EMERGENCY CONTACT INFORMATION - PLEASE PRINT

Name: __________________________________________________________________________

Relationship to Participant: __________________________________________________________________________

TELEPHONE CONTACT NUMBERS

WORK ___________________ HOME ___________________ CELL ___________________

List all allergies: __________________________________________________________________________