

**OWENSBORO CATHOLIC SCHOOLS – MINOR RELEASE FROM LIABILITY FOR NEGLIGENCE**

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. By signing this agreement, you, your family and personal representatives give up the right to bring any action to obtain any remedy for injury to yourself, damage to your property of others or for your death, as a result of your participation in Owensboro Catholic Schools camp activities. In consideration for being permitted to participate in (specifically) \_\_\_\_\_, during the period \_\_\_\_\_ I, the undersigned, acknowledge and agree as follows:

**ACKNOWLEDGEMENT OF RISK**

I fully recognize and appreciate the dangers inherent in my child traveling to and participating in these activities. I hereby state that I have full knowledge of the dangers involved in these activities and agree to assume all risks and responsibilities associated with my participation in these activities.

**AGREEMENT TO RELEASE FROM LIABILITY**

I, the undersigned, do for my child and on behalf of my family and my personal representatives, hereby agree to forever release and hold harmless Owensboro Catholic Schools, all of its trustees, officers, agents and employees for any and all liability arising from any claim, demand or cause of action of any nature for:

- Personal injury to my child or to others
- Damage to my child’s personal property or to the personal property of others or
- My child’s death as a result of my child’s participation in \_\_\_\_\_ activities, or caused by conduct, whether negligent or grossly negligent, of Owensboro Catholic Schools, any of its officers, agents or employees.

I certify that my child is in good health and that my child has no physical limitations that would preclude him/her from participating in these activities.

I fully understand that the terms of this agreement are legally binding and that I am signing this agreement after having completely read it.

Print child’s Name \_\_\_\_\_

Print Parent/Guardian Name \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ (Required for participation)

Date \_\_\_\_\_

**Parent/Guardian Emergency Contact:**

Name (print) \_\_\_\_\_

Phone Number \_\_\_\_\_