



BOLD Trip to CHWC Liability Form

Dover, Delaware

June 27-July 2, 2021

I request that I [my son/daughter] participate in the BOLD trip to Catholic Heart Work Camp in Dover, DE. For value received, I agree [on behalf of myself, my child's other parent if known or living (name of parent) _____ and my child] to indemnify Fiat Ventures LLC t/a Fiat Ministries or BOLD Youth Ministry, and Catholic Ministry Partners, Inc. t/a Fiat Ventures or BOLD Youth Ministry (together, "Fiat Ventures"), the parishes of St. Elizabeth of Hungary (Wyckoff, NJ), St. David the King (Princeton Junction, NJ), Our Lady of Peace (New Providence, NJ), St. Anne (Fair Lawn, NJ), St. Isaac Jogues (Marlton, NJ), St. John Neumann (Mount Laurel, NJ), St. James (Basking Ridge, NJ), St. Joseph (East Rutherford, NJ), St. Luke (Ho-Ho-Kus, NJ), St. Gregory the Great (Hamilton Square, NJ), Immaculate Heart of Mary (Wayne, NJ), Immaculate Heart of Mary (Scotch Plains, NJ), Holy Trinity (Bridgewater), St. Ann (Raritan), St. Joseph (Raritan), the Roman Catholic Archdiocese of Newark, the Diocese of Paterson, the Diocese of Trenton, the Diocese of Metuchen, their representatives, employees, agents and assigns (including staff, chaperones, volunteers and adult supervisors) (collectively, "Camp Sponsors") in any action or demand arising out of my [child's] actions, including reimbursement for reasonable attorney's fees and expenses arising in connection with such action or demand.

I acknowledge the contagious nature of COVID-19, that the CDC and many other public health authorities still recommend practicing social distancing, that there are risks of infection by participating in a camp such as Catholic Heart Work Camp, and that these risks extend to my child and any other person who comes in contact with my child. I further acknowledge that the Camp Sponsors cannot guarantee that my child will not become infected with COVID-19, or that anyone else who comes in contact with my child will not become infected with COVID-19. I understand that the risk of becoming exposed to and/or infected by COVID-19 may result from the actions, omissions, negligence, or gross negligence of the Camp Sponsors, other campers, or their families. I acknowledge that the measures being put in place by the Camp Sponsors – which Camp Sponsors have communicated I should not expect to be strictly followed at all times – are reasonable.

I agree on behalf of myself, my child, and any other parent/guardian, to comply with all COVID-19 Protocols communicated. I agree on behalf of myself, my child, and any other parent/guardian, to inform the Camp Sponsors if COVID-19 symptoms or diagnosis is experienced by my child, anyone in his/her household, or anyone with whom my child has had close contact during the camp week or within 14 days thereafter. In the event that my child, anyone in his/her household, or anyone with whom my child has had close contact experiences COVID-19 symptoms or diagnosis during this time frame I hereby authorize Camp Sponsors to disclose such information to other campers and their parents/guardians without regard to the protections afforded under the Health Insurance Portability and Accountability Act (HIPPA) or any other similar law.

For value received, I agree on behalf of myself, my child, any other parent/guardian, and any other member of our household, to release and hold harmless the Camp Sponsors from any and all liability, claims, causes of action, demands, damages, costs, expenses and compensation of any nature whatsoever arising out of or related to the Catholic Heart Work Camp trip, and regardless of whether related to COVID-19 or any other illness, to the fullest extent allowed by law, including for liability for bodily injury or death to any person, regardless of whether caused by the acts, omissions, negligence or gross negligence of Camp Sponsors.

I acknowledge that the BOLD trip to Catholic Heart Work Camp in Dover, DE may entail games and oppor-

tunities for my child to participate in physical and recreational activities. The Physical work associated with a mission trip includes the risks of serious injury or death inherent in repair work, working with power tools, working from a height, etc. I acknowledge that there are inherent risks in these activities. I specifically waive any and all claims of any nature I may have against the Camp Sponsors relating to or arising out of the above-described activities including claims that may be derived from any accident or injury I [my son/daughter] may sustain en route to, during, and/or returning from the activity.

MEDICAL: I hereby warrant that to the best of my knowledge, I am [my son/daughter is] in good health, and I assume all responsibility for my [my son/daughter's] health. I understand that Trip Sponsors are NOT permitted to dispense medication without permission. Should emergency medical treatment be necessary and I am unable to be contacted immediately, I authorize the delegated agents of the Trip Sponsors to act on my behalf and approve appropriate treatment.

I consent to [my son/daughter] being transported by the Trip Sponsors including chaperones, Bus companies or other parents in compliance with the safe environment policies of the Trip Sponsors.

I consent to photographs, video or other media where I am [my son/daughter is] portrayed to be used in connection with this event or for promotional purposes by the Trip Sponsors, including by internet or print publication, although I [my son/daughter] shall not be identified in any publication without prior approval.

Teen Printed Name _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

CATHOLIC HEART WORKCAMP L.L.C. CODE OF BEHAVIOR

(Must be signed by all participants)

As a CHWC participant I will:

- Represent the Catholic Christian community through my language, dress and behavior.
- Respect the rights and property of others.
- Respect CHWC staff and adult leaders, even if these leaders are not from my parish.
- Remove my hat, refrain from eating, drinking, and private discussions during Mass.
- Participate in all planned activities, group sessions and work projects.
- Read over the school, safety and worksite requirements in the youth or adult pre-trip planning booklet and will abide by them.
- Read over the rules for cell phone usage in the pre-trip planning booklet and will abide by them.
- Respect the privacy of my fellow campers and not go into any other sleeping quarters (guys or girls) that are not assigned to my group.
- Adhere to the stated curfew (10:30pm prepare for bed and 11:00pm lights out).
- Be responsible for assisting our parish group with snacks and help keep snack area clean.
- Not possess any alcohol, marijuana, non-prescription drugs, electronic cigarettes, JUUL devices, fireworks, weapons or knives (including pocket knives).
- Not leave the school grounds without adult supervision.
- Not swim in any man-made or natural body of water without permission and supervision by my group leader. No swimming anywhere is allowed unless approved in writing by the camp director.
- Build new relationships with my team members, resident, agency leaders, others in the community and children I encounter during this service week.
- Read over the policy on Sexual Harassment / Misconduct.
- Refrain from inappropriate touching and verbal harassment.
- Not engage in any form of sexual activities or sexual harassment.
- Not take part in any form of bullying which includes (one or more students seeking to have power over another student through the use of verbal, physical or emotional harassment, intimidation or isolation).

If any of the above are violated, CHWC has the right to send a camper home at his/her expense.

I have read, understand and agree to follow the Code of Behavior outlined above. I will also encourage other group members to live by these rules. We need the cooperation of young adult leaders and adult chaperones to assist CHWC in making this service week successful. We need your support to help us enforce camp guidelines.

Participant Name: _____

Participant Signature: _____

Custodial Parent Name: _____

Custodial Parent Signature: _____
(if under 21 years of age)

Please return to your Workcamp Contact Leader.

Contact Leaders: Please bring to camp.



CATHOLIC HEART WORKCAMP L.L.C MEDICAL-RELEASE OF ALL CLAIMS

Church: _____ Contact Leader: _____

Participant Name: _____

Male ___ Female ___ Age: _____ DOB: _____

Parent's/Guardian's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Physician Name: _____ Phone: _____

HEALTH STATUS (Confidential information please list any health problems you may have examples: asthma, allergies, back trouble, diabetes, seizures, mental disorders or illnesses)

MEDICATION

Please list all medications (including over the counter and prescription) taken routinely. Bring enough medication to last the entire time at camp. Keep medications in original bottle that identifies the physician, the name of the drug, the dosage and frequency of administration. Keep all over the counter medications in original packaging.

Please list all medication that the participant is taking:

Medication #1 _____ Dosage _____ Reason _____

Medication #2 _____ Dosage _____ Reason _____

Medication #3 _____ Dosage _____ Reason _____

Date of your last Tetanus Booster: _____

Health Insurance Provider: _____

Policy Number: _____

Group Number: _____

Name of Insured: _____

Relationship to Participant: _____

(Attach a copy of your insurance card)

Participant Name: _____

Participant Signature: _____

Custodial Parent Name: _____

Custodial Parent Signature: _____

(if under 21 years of age)

In consideration for being accepted by Catholic HEART Workcamp L.L.C., a Florida limited liability company, I (we) being 21 years of age or older, do for myself (ourselves) and for and on behalf of my (our) child-participant (if said child is not 21 years of age or older) do hereby release, forever discharge and agree to forever hold harmless Catholic HEART Workcamps and its managers, members, directors, officers, employees and agents thereof, from any and all liability, claims, demands for personal injury, sickness, death, as well as property damage and expenses of any nature whatsoever, including, but not limited to, bacterial and viral diseases such as COVID-19 and any other infectious diseases, which may be incurred by the undersigned or the child participant resulting from said child's participation in the above-described workcamp, (including travel between the child's home and the camp, free day activities, excursions from the camp and anytime spent at the camp). Furthermore, I (we) (and on behalf of our child-participant if under the age of 21 years) hereby assume all risk of said personal injury, sickness, death, damage and expenses as a result of participation as above set forth. Further, authorization and permission are hereby given to said organization to furnish any necessary transportation, food, lodging for and to assign work projects to this participant. The undersigned further agree to hold harmless and indemnify Catholic HEART Workcamp and associated social agencies and day care centers and their directors, officers, employees and agents, for any loss, claim, liability, damage, including property damage or injury whatsoever incurred by child-participant as a result of the negligent, willful or intentional acts of said participant, including reasonable attorney's fees and other expenses incurred attendant thereto.

If the participant has not attained the age of 21 years:

I (we) am (are) the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission for him (her) to participate fully in said workcamp, and hereby give my (our) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including, but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills. I give permission for my child to be transported in privately owned vehicles or in public transportation and for the release of medical records to an attending physician in case of illness. Further, should it be necessary for the participant to return home due to disciplinary action, for medical reasons or otherwise,

I (we) hereby assume and indemnify Catholic HEART Workcamp, L.L.C. for all transportation costs. I (we) am aware of no physical, mental or emotional problems, which would limit participation in or work performance during the workcamps. I (we) am (are) fully aware of the nature of the work to be undertaken during the Catholic HEART Workcamp.

The Catholic HEART Workcamp will employ reputable staff members and take reasonable precautions to safeguard the workcamp participants during the week of workcamp. However, neither the Catholic HEART Workcamp L.L.C., associated social agencies, nor the school acting as "home base" will be liable for loss or damage to property of participants prior to, during or following the workcamp due to theft, fire, accident or any other cause beyond its control.

MEDIA/PHOTO WAIVER

I hereby authorize and give my full consent to Catholic HEART Workcamp L.L.C. to copyright and or publish any and all photographs, video or audio in which I/my child will appear while attending Catholic HEART Workcamp. I further agree that Catholic HEART Workcamp may transfer these photographs, video or audio for use on the Catholic HEART Workcamp website and all promotional material.

Contact Leaders: Please bring this original, plus 2 copies to camp.





Covid-19 Pre-Trip Screening and Policy Agreement

I agree to not attend CHWC if I am experiencing any of the following symptoms 48 hours prior:

- Fever or chills (+100.4)
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

I have read, understand and agree to the Covid-19 policies set forth by CHWC and will also encourage other group members to adhere to the guidelines.

Participant Name: _____

Participant Signature: _____

Custodial Parent Name: _____

Custodial Parent Signature: _____
(if under 21 years of age)

Please return to your Workcamp Contact Leader.
Contact Leaders: Please bring to camp.