



# Participant Permission Form

I, \_\_\_\_\_ give permission for \_\_\_\_\_  
Parent/Guardian Name Participant Name

to attend the following activity (include location if different from Parish):

Ascension Grade 3-4 Day Camp

with Ascension Catholic Parish on \_\_\_\_\_  
Name of Parish/Organization Date(s)

from 9am to 3pm (the "Activity").  
Time Time

This Activity will be supervised by Fr Kevin Gillis, LC

\_\_\_\_\_  
Name of ministry coordinator or volunteer in charge of the event

I understand that a certain degree of risk that could result in injury, death, or loss or damage to person or property is inherent with this Activity, and I voluntarily permit my child to participate in the Activity. After carefully considering the risk involved, I hereby release, hold harmless, and waive all claims associated with this Activity which I may personally have against the Parish, the Diocese of Calgary, and their clergy, employees, officers, directors, agents, and volunteers (collectively the "Diocese"). I understand this Release does not prevent claims being made by or on behalf of my child.

I understand that reasonable precautions will be taken to protect the health and well-being of my child who is participating in the Activity. I will be notified as soon as possible in case of an emergency, but if neither emergency contact person can be reached, I consent to the Diocese Program Coordinator and/or their representative securing emergency medical care for my child at any hospital or authorized health care centre they deem necessary and appropriate for the care of my child and that I will be financially responsible for any costs associated with the medical services provided.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

=====  
**Emergency Contact Information:**

**Primary Contact Person:** \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

**Alternate Contact Person:** \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_