



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 5-7 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

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Emergency Contact Information:

Primary Contact Person: _____

Primary Phone Number: _____

Alternate Contact Person: _____

Primary Phone Number: _____