

Ss. Peter and Paul
150 Railway St E
Loretto, MN 55357



St. Thomas the Apostle
20000 County Hwy 10
Corcoran, MN 55340

Parental Consent Form & Indemnity Agreement for EFC 2025 Middle School Camper Form

Youth Participant Name: _____

Sex: M / F Date of Birth: ___/___/___ Grade (2024-2025): 6th / 7th / 8th

School: _____

T-Shirt Size (Adult Sizes): XS / S / M / L / XL / XXL

Parent/Guardian Name: _____

Home Address: _____

Parent E-mail Address: _____

Parent Primary Phone: _____ Parent Secondary Phone: _____

Date of Event: June 9-June 13, 2025

Type of Event: Extreme Faith Camp

Location: Trinity Woods

Transportation: Bus

Total Student Cost: \$550 (\$100 due with registration; remainder after fundraising due May 8)

Individual in Charge: Julianne Leighton (Director of Religious Education)

The following are optional activities during Extreme Faith Camp. Parents/Guardians, please initial on the "Yes" or "No" lines, to give or withhold permission, respectively, for your child to participate in following activities...

Swimming (Lake, with Lifeguard on duty):	Yes: _____	No: _____
Boating/Pontoon (Lake):	Yes: _____	No: _____
Tubing (Lake):	Yes: _____	No: _____
Canoeing/Kayaking (Lake):	Yes: _____	No: _____
Challenge Courses (Climbing wall, etc.)	Yes: _____	No: _____

I, _____ the parent/guardian, grant permission for my child to participate in the above named activity that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of employees and/or volunteers from the Churches of Ss. Peter and Paul, St. Thomas the Apostle, and other participating Extreme Faith Camp parishes (including the Church of St. Francis Xavier, the Church of St. Henry, the Church of St. Timothy, the Church of St. Ignatius, the Church of St. Maximillian Kolbe, the Church of St. Andrew, the Church of St. Helena, the Church of St. Mary, and the Church of St. Boniface). I understand and agree that as parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor ('participant'). I understand that my child is required to comply with the Code of Conduct

provided by the parish/school while participating in the event. I understand and agree that if my child violates the Code of Conduct he/she may be required to be transported home at my expense.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Churches of Ss. Peter and Paul, St. Thomas the Apostle, and other participating Extreme Faith Camp parishes (including the Church of St. Francis Xavier, the Church of St. Henry, the Church of St. Timothy, the Church of St. Ignatius, the Church of St. Maximillian Kolbe, the Church of St. Andrew, the Church of St. Helena, the Church of St. Mary, and the Church of St. Boniface), its officers, directors, employees and agents, and the Archdiocese of Saint Paul and Minneapolis, its employees and agents, chaperones, or representatives associated with the event and activities (hereinafter 'Releasees'), from any claims, including but not limited to all claims relating to communicable disease, arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate Releasees for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of Releasees.

I have read and agree to the terms of the Parental Consent Form and Indemnity Agreement.

Medical Matters

I, _____, hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

You should be aware of these physical limitations or special medical conditions of my child (List physical limitations/medical conditions): _____

You should be aware of these allergies (medical, environmental, dietary, etc.) of my child (List allergies:) _____

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact...

Event Emergency Contact Name: _____

Event Emergency Contact Relationship: _____ Phone Number: _____

Family Doctor: _____ Phone Number: _____

Family Health Insurance Carrier: _____

Insurance ID Number: _____ Insurance Policy #: _____

Other Medical Treatment

- In the event it comes to the attention of the Churches of Ss. Peter and Paul, St. Thomas the Apostle, and participating EFC parishes, its officers, directors and agents, and the Archdiocese of Saint Paul and Minneapolis, chaperones, or representatives associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called as soon as it is reasonably possible.

Does your child have prescription medicine to take during the event?

- YES: my child has prescription medication(s). Names of medication(s) and schedule and dosage are indicated on my child's Medication Form. My child will bring all such medications necessary and such medications will be well-labeled.
- NO: my child does not have prescription medication.

Do you grant permission to the Churches of Ss. Peter and Paul and St. Thomas the Apostle to administer non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to you child?

- YES: non-prescription medication may be administered to my child if deemed appropriate.
- NO: non-prescription medication may not be administered to my child unless the situation is life-threatening and emergency treatment is required.

Breakfast, lunch, dinner, and evening snack (Monday lunch to Friday lunch) will be served at EFC 2025.

Does your child have any dietary restrictions/allergies (list dietary restrictions/allergies)? _____

- As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Parent/Guardian Signature

Date

Other Medical Treatment: The parish/school will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Does child have any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? yes/no If so, list date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Signature: _____ Date: _____

Photo/Video/Audio Release for EFC (Camper/High-School)

Participant's name: _____

Parent's name: _____

I am the parent or legal guardian of the above named minor ('My Child').

I grant the following rights to the Church of St. Thomas the Apostle and Ss. Peter and Paul, participating EFC parishes (including the Church of St. Francis Xavier, the Church of St. Henry, the Church of St. Timothy, the Church of St. Ignatius, the Church of St. Maximillian Kolbe, the Church of St. Andrew, the Church of St. Helena, the Church of St. Mary, and the Church of St. Boniface) and the Archdiocese of Saint Paul and Minneapolis:

- 1) The right to use all photographs, pictures, portraits, vocal sounds, appearances/likenesses, video and performances (hereinafter collectively known as 'image') of My Child in the possession the Churches of Ss. Peter & Paul, St. Thomas the Apostle, and participating EFC parishes (including the Church of St. Francis Xavier, the Church of St. Henry, the Church of St. Timothy, the Church of St. Ignatius, the Church of St. Maximillian Kolbe, the Church of St. Andrew, the Church of St. Helena, the Church of St. Mary, and the Church of St. Boniface);
- 2) The right to use, reproduce, publish, exhibit, distribute, and transmit the image of My Child individually or in conjunction with other images or printed matter in the production of brochures, slides, motion pictures, broadcasts (radio, television, and other social and digital media), audio or video files, recordings, still photography, CD-ROM and any other manner of media now known or later developed;
- 3) The right to use, reproduce, publish, exhibit, distribute, and transmit the image of My Child individually or in conjunction with other images or printed matter on the Churches of Ss. Peter & Paul, St. Thomas the Apostle, and participating EFC parishes (including the Church of St. Francis Xavier, the Church of St. Henry, the Church of St. Timothy, the Church of St. Ignatius, the Church of St. Maximillian Kolbe, the Church of St. Andrew, the Church of St. Helena, the Church of St. Mary, and the Church of St. Boniface), and the Archdiocese of Saint Paul and Minneapolis's Internet websites. No home address or phone number will be published;
- 4) The right to record, reproduce, amplify, edit, and simulate My Child's image and all sound effects produced;
- 5) The right to copyright, in the name of the Churches of Ss. Peter & Paul, St. Thomas the Apostle, Extreme Faith Camp, and the Archdiocese of Saint Paul and Minneapolis, works that contain the image of My Child;
- 6) The right to use and publish for general communications, advertising, commercial or publicity purposes, or for any other lawful purpose whatsoever My Child's original work; and
- 7) The right to assign the above-mentioned rights to third parties without notice to me.

I understand that the video files, still photos, or other media incorporating the image of My Child will become the property of the Churches of Ss. Peter & Paul, St. Thomas the Apostle and participating EFC parishes (including the Church of St. Francis Xavier, the Church of St. Henry, the Church of St. Timothy, the Church of St. Ignatius, the Church of St. Maximillian Kolbe, the

Church of St. Andrew, the Church of St. Helena, the Church of St. Mary, and the Church of St. Boniface). I hereby waive the right to inspect or approve the image or any finished materials that incorporate the image.

I understand and agree that no compensation will be provided, now or in the future, in connection with the use of My Child's image or My Child's original work.

I hereby release, discharge, and agree to indemnify and hold harmless the Churches of Ss. Peter & Paul, St. Thomas the Apostle, and participating EFC parishes (including the Church of St. Francis Xavier, the Church of St. Henry, the Church of St. Timothy, the Church of St. Ignatius, the Church of St. Maximillian Kolbe, the Church of St. Andrew, the Church of St. Helena, the Church of St. Mary, and the Church of St. Boniface), the Archdiocese of Saint Paul and Minneapolis, and their agents, employees and assigns from any and all claims, demands, right, and causes of action of whatever kind that I or My Child have or may have or may arise by reason of this authorization and from the use of My Child's image and original work, including but not limited to, all claims for libel and invasion of privacy.

This consent regarding My Child's likeness and original work is valid until such time as I choose to rescind this authorization and consent. If I choose to rescind this authorization and consent, I agree that I will inform the Churches of Ss. Peter & Paul and St. Thomas the Apostle in writing and that my rescission will not take effect until it is received by the Churches of Ss. Peter & Paul and St. Thomas the Apostle. I understand and acknowledge that it may not be possible to recall any work or photos that have been published prior to receipt of my written rescission.

I hereby authorize and consent that the Churches of Ss. Peter & Paul, St. Thomas the Apostle, participating EFC parishes (including the Church of St. Francis Xavier, the Church of St. Henry, the Church of St. Timothy, the Church of St. Ignatius, the Church of St. Maximillian Kolbe, the Church of St. Andrew, the Church of St. Helena, the Church of St. Mary, and the Church of St. Boniface) and the Archdiocese of Saint Paul and Minneapolis have the right to use My Child's name in connection with their educational, promotional, fund-raising activities, or for any other legitimate purpose.

I have read the above Disclosures, Authorizations, and Releases, have had the opportunity to consider their terms, and understand them. I execute this document voluntarily and with full knowledge of its significance.

Signature

Date

Code of Conduct

Participant's name: _____

Parent's name: _____

The following are a few rules that all participants are expected to follow while participating and representing the Churches of Ss. Peter and Paul and St. Thomas the Apostle.

My child(ren)/participant(s) WILL:

- Treat all other persons with respect and not cause any intentional harm (physically, emotionally, or spiritually) to any person in any way.
- Respect the property of others, including all program facilities and property.
- Follow all appropriate instructions of all personnel aiding in this event/activity, including, but not limited to parish staff, catechists/leaders, chaperones, support staff, transportation personnel and administration.
- Be on time for all check-ins and departure time.
- Not have in possession any tobacco, alcohol or any controlled illegal substance.

I agree that if any of these terms are violated, the Churches of Ss. Peter and Paul and St. Thomas the Apostle can send the participant home at the participant/guardian's expense.

I have read and agree to the terms of the Code of Conduct.

Parent's Signature

Date

Prescription Drug and Medicine Authorizations

Any prescriptions or over-the-counter medicine must be in the original, labeled container and stored under lock and key.

The following information must be completed before medicine is given.

Student Name _____

Name of Prescription/Medicine _____

Prescribing Doctor _____

Amount of Dosage _____

Times to be Given _____

Duration of Prescription _____

I, _____, hereby authorize Ss. Peter and Paul and St. Thomas the Apostle to dispense medicine to _____ as directed above.

Signature of Parent/Guardian

Date

Extreme Faith Camp June 9-June 13, 2025
Middle-School Camper Page

- 1. Please list if you have any preferred roommates, small group members, or teen leaders.**
(Please note: We cannot guarantee that every camper will be paired with requested groups. We will strive to arrange all small groups and rooming assignments to ensure the best camp experience for all.

- 2. Is there anything else you'd like to share or ask about EFC?**
