

**PERMISSION TO PARTICIPATE IN CAMP / CONVENTION ACTIVITIES (Under 17)**  
**CHALLENGE NA, INC. Challenge Summer Camp**

LOCATION: Sky Lodge Christian Camp, Montello N4855 County Road Y: Montello, WI 53949

1. **CHILD'S NAME:** \_\_\_\_\_
2. **NATURE AND DURATION OF ACTIVITIES: Challenge Summer Camp, June 9<sup>th</sup>-14<sup>th</sup>, 2012**  
Activities include canoeing, horseback riding, water games, hikes and more.  
Formation activities include: daily mass, meditations and talks, and one-on-one spiritual mentoring with the consecrated women.
3. **ACTIVITY SUPERVISOR(S): Emily Roman**
4. **REQUIREMENTS:** The child named above is in good health and has no physical or medical limitations that would cause the activities as described above to be detrimental or dangerous to the child. Parents/guardians should specify allergies and medical problems in section 8 below.
5. **CONSENT:** I/We hereby consent to the above-named child's participation in the activities described above, and specifically request that he or she be allowed to participate in those activities. I/We warrant that I/We have full authority to legally consent to his or her participation in the activities described on this form, and all provisions contained herein.
6. **AUTHORIZATION:** I/We hereby authorize Challenge Summer Camp to use the image and likeness of my child in photograph or video form whether taken by or commissioned by Challenge Summer Camp in its promotional materials and for its promotional purposes associated with its nonprofit activities. This authorization shall extend to use of my child's image and likeness on website of Challenge Summer Camp, or its successor in operation or affiliated organization(s) upon written consent of Challenge Summer Camp. I/We understand that this authorization shall survive the end of my child's participation in the activities referenced on this form.
7. **INSURANCE:** I/We understand that Challenge Summer Camp does not carry any insurance relative to the activities or for any injury that may occur to the above-named child. I/We represent that the child is (a) covered by insurance through my own insurance carrier; or (b) that I/We am personally financially responsible for any and all medical costs incurred as a result of the child's injury.
8. **EMERGENCIES:** If the above-named child requires any emergency medical procedures or treatments during the activities, I/We consent to the activity supervisor(s) taking, arranging for or consenting to such procedures or treatments in the discretion of the activity supervisor(s). For purposes of such procedures and treatments, my child's blood type is \_\_\_\_\_ and my child has the following allergies or other medical problems (if any): \_\_\_\_\_

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9. **RELEASE AND INDEMNIFICATION:** I/We release and waive, and further agree to indemnify, hold harmless or reimburse Challenge Summer Camp, the individual members, agents, directors, officers, employees, volunteers and representatives thereof, as well as activity supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the above-named child, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses (including attorneys' fees incurred by Challenge Summer Camp or any of its individual employees, agents, volunteers, etc. in enforcing this indemnity provision without limitation in time or amount, damages or injuries arising out of, during, or in connection with the child's participation in the activities, the travel to and there from, and the rendering of emergency medical procedures or treatment, if any. I/We understand that this release and indemnification shall survive the end of my child's participation in the activities referenced on this form.

10. If, in the event of a medical or other emergency, I/We am unable to be reached by telephone at my home or work telephone numbers listed below, I/We authorize the activity supervisor(s) to attempt to contact me/us through the emergency contacts listed below.

Name (print): _____	Name (print): _____
Relation: _____	Relation: _____
Phone Number(s): _____	Phone Number(s): _____

**I / We have read and understand the above:**

Parent/Guardian signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Complete the Camp Registration Form, Permission Form, and Medical Form. Send all three forms along with payment to: Summer Camp Att: Laura Wojcik 413 Rivergrove Ln.Vernon Hills, IL 60061 by May 20, 2013.**