



CATHOLIC DIOCESE OF SIOUX FALLS
Y O U T H H U N T

**Parent/Guardian Consent Form &
Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

I _____ grant permission for my child, _____, ("Participant") to participate in the Youth Hunt (the "Event"). As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the Participant.

Except for claims arising from the negligence of the Releasees, I, on behalf of myself, the Participant, or our heirs:

1. Acknowledge, agree and represent that if I feel anything to be unsafe, I will immediately advise the persons in charge of the Event of such, and will refuse to participate further in the Event.
2. Hereby release, waive, discharge and covenant not to sue **The Abbey of The Hills Inn and Retreat Center, Inc., and the Catholic Diocese of Sioux Falls**, their directors, officers, agents, employees, chaperones or representatives (all, for the purposes herein, referred to as "**Releasees**") from all liability to the Undersigned, the Participant, or our heirs, for any and all loss or damage, and any claim or demands therefore on account of illness or injury to the person or property, or resulting in death of Participant, or cost of medical treatment in connection therewith, arising out of or related to the Event..
3. Hereby agree to indemnify and save and hold harmless the Releasees, and each of them, from any loss, liability, damage or cost they have incurred arising out of or related to the Event.
4. Hereby assume full responsibility for any risk of bodily injury, death or property damage arising out of or related to the Event.
5. Hereby acknowledge that the activities of the Event, which include hunting activities, are very dangerous, and involve the risk of serious injury and/or death and/or property damage.
6. Hereby give permission for images of Participant, captured during the Event, through video, photo and digital camera, to be used solely for the purposes of promotional



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material and publications of the Releasees, and waive any rights of compensation or ownership thereto.

7. Hereby agree that, except for claims arising from the negligence of the Releasees, this Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of South Dakota, and that, if any portion of the Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read this *Parent/Guardian Consent Form & Waiver of Liability, Assumption of Risk, and Indemnity Agreement*, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without any inducement, assurance or guarantee being made to me, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

I hereby warrant that, to the best of my knowledge, Participant is in good health, and I assume all responsibility for the health of Participant. In the event of an emergency, I hereby give permission to transport Participant to a hospital or clinic for emergency medical or surgical treatment. I wish to be advised prior to any further treatment at the hospital or clinic. In the event of an emergency, please contact the following:

Emergency Contact Name: _____

Relationship to Participant: _____ **Phone:** _____

Family Doctor: _____ **Phone:** _____

Health Plan Carrier: _____ **Policy #:** _____

Specific Medical Information:

Allergies (medication, foods, plants, insects, etc.): _____

Current Medications: _____

Other Special Medical Conditions: _____

Parent/Guardian Signature

Date