

## Would Be Latin Speakers Latin Camp Agreement

This Agreement is executed by \_\_\_\_\_ (“Participant”) and, if Participant is under eighteen (18) years of age, by Participant’s Parent or Legal Guardian

\_\_\_\_\_ (collectively, the “Undersigned”). Would Be Latin Speakers Latin Camp (“Camp”) will occur from (June 16-22) and is run by The Catholic University of America (“University”). In consideration for participation in this voluntary Camp, Undersigned agrees to the following:

**ASSUMPTION OF RISK:** Undersigned has reviewed information about the Camp and understands that there are risks associated with participating in this Camp. Undersigned understands that Participants will be staying in dormitories on a college campus in an urban area and will have limited supervision. Undersigned also understands that Participant will be leaving the University campus during this Camp for activities elsewhere in the Washington metropolitan area. Undersigned is aware that risks include, but are not limited to, suffering minor, serious, and catastrophic physical and emotional injuries.

**Undersigned understands that there are risks associated with participation in the Camp, travel associated with the Camp, and staying on/leaving the University campus, and Undersigned voluntarily assumes such risks.** (Please initial: \_\_\_\_/\_\_\_\_)

**RELEASE AND INDEMNITY:** Undersigned agrees to release, indemnify, and hold harmless the University, its agents, employees, officers, and trustees for themselves and anyone asserting a claim by or through either of them from any and all claims or liability for injury or damages (including loss or damage to property) arising from or attributable to participation in the Camp and any travel associated with the Camp, including any activities Participant may engage in during free time, unless it is due to gross negligence or willful misconduct on the part of the University. (Please initial: \_\_\_\_/\_\_\_\_)

**MEDICAL ACKNOWLEDGEMENT AND CONSENT:** Participant does not have a physical or medical condition that would interfere with his/her ability to participate in this Camp or that would endanger Participant’s health or the health or safety of others.

In case of illness, injury, or accident, Undersigned authorizes the University to arrange for Participant to be taken to a medical care facility to receive medical treatment. Undersigned also authorizes and gives consent for licensed health professionals to provide medical treatment (including surgery) and administer medication to Participant. Undersigned is responsible for any and all medical expenses, including for transportation. (Please initial: \_\_\_\_/\_\_\_\_)

**This Agreement contains your release of legal rights and claims. Please read and consider carefully before signing.** Undersigned has read and understood the above provisions and voluntarily agrees to be bound by them.

**Participant:** \_\_\_\_\_ **Parent or Legal Guardian:** (Necessary if Participant is under 18 years of age as of the date of signature)

Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

## PHOTOGRAPHIC CONSENT AND RELEASE FORM

I hereby authorize The Catholic University of America and those acting pursuant to its authority (“University”) to:

- (a) Record my likeness and voice in any medium; and
- (b) Use my name in connection with these recordings; and
- (c) Use, reproduce, exhibit, or distribute in any medium these recordings for any purpose that the University deems appropriate, including promotional or advertising efforts.

I release the University from liability for its use of such recordings and for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of the University.

I have read and fully understand the terms of this Photographic Consent and Release Form.

**Participant:** \_\_\_\_\_ **Parent or Legal Guardian:** (Necessary if Participant is under 18 years of age as of the date of signature ) \_\_\_\_\_

Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_