

CAMP TEKAKWITHA FAMILY CAMP I

July 11-13, 2025

Held at: PRAIRIE STAR RANCH 1124 California Road, Williamsburg, Kansas 66095

Bring This Form to Camp with you and turn in at Check in

CAMPER DETAILS – FAMILY CAMP I

CAMPER: _____ M / F DOB: _____ Age: _____
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CAMPER: _____ M / F DOB: _____ Age: _____
CAMPER: _____ M / F DOB: _____ Age: _____
CAMPER: _____ M / F DOB: _____ Age: _____

Camper Parent Email _____ Camper Parent Cell# _____

Camper Address _____

Camper Parent Parish/Parish City _____

Emergency Contact _____ Cell# _____

ER Contact Relation to Camper Parents _____

CAMP ACTIVITIES, RELEASE AND WAIVER

PLEASE READ CAREFULLY BEFORE SIGNING. THIS DOCUMENT INCLUDES A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

Acknowledgment of Risks: I request that my family, listed above, be allowed to participate in all camp activities at the above referenced camp session organized and sponsored by the Archdiocese of Kansas City in Kansas and acknowledge that my/my child's participation in these activities is voluntary. I understand that there are inherent risks associated with participation in these activities. Specific camp activities may include, but are not limited to horseback riding, high ropes challenge, power and stunt kiting, canoeing, hiking, rock climbing, rappelling, basketball, soccer, swimming, technical tree climbing, group party games, archery, volleyball, mountain biking, mountain boarding and camping and other indoor and outdoor camp activities.

I understand that risks associated with the activities specified above include but are not limited to dehydration, sunburn, tripping, falling, drowning, concussions, sprains, abrasions, broken bones, and other severe and potentially life-threatening injuries.

I understand that equipment such as harnesses, ropes, helmets, personal flotation devices, rafts, and ziplines may fail or may not function appropriately.

I understand that environmental hazards could be experienced such as inclement weather, severe weather, lightning, hail, allergies, and dangerous animals and insects.

I understand that participating in camp could expose me and/or my child to infection, communicable diseases, food-borne illnesses, and epidemics, including but not limited to COVID-19.

I understand it is impossible in advance to specify all known and unknown risks that may arise from participation in these activities. I further understand that these risks may entail serious injury, loss, property damage, infection, sickness, disease, and even death. Nevertheless, I want myself or my child to have the opportunity to participate in the activities sponsored by the Archdiocese, and this Activity Release and Waiver is given in exchange for that opportunity. I fully acknowledge and assume all risks arising from or in any way connected with my or my child's participation in camp activities.

WAIVER, RELEASE, AND INDEMNIFICATION:

I, individually, or in my capacity as parent/guardian of my child, hereby waive, release, indemnify, and hold harmless the Archdiocese of Kansas City in Kansas and/or any of its constituent organizations, agents, ministers, employees, contractors, and volunteers (collectively, "Released Parties") from all demands, claims, or liability, in law or in equity, arising from or in any way connected with camp activities, including travel associated with these activities, and that involve any injury, loss, property damage, infection, sickness, and death to me, my spouse, my child, my property, or the property of my child. I HEREBY ACKNOWLEDGE AND EXPRESSLY AGREE THAT THIS WAIVER, RELEASE, AND INDEMNIFICATION APPLIES TO CLAIMS ARISING OUT OF THE RELEASED PARTIES' OWN NEGLIGENCE, but does not apply to claims of criminal conduct, gross negligence, or intentional acts.

I have read and I understand this Activity Release and Waiver. By signing, I warrant that I have the legal power, right, and authority to make this agreement and to bind myself or my child hereto. I have signed this Activity Release and Waiver voluntarily and of my own free will.

Participant's Name

Participant's Date of Birth

Signature of Participant or, if under 18, Signature of Parent/Guardian

Date

Signature of Custodial Parent (if applicable)

Date

PHOTO RELEASE

I hereby authorize the Archdiocese of Kansas City in Kansas, and its agents to utilize my child's photographic or video image for the specific purpose of publication of Archdiocesan events (including promotional materials). In giving my consent, I hereby release and hold harmless the Archdiocese and its agents from any and all responsibility or liability. I understand that I will receive no compensation, should any photograph of me or my child be used.

Signature of Participant or, if under 18, Signature of Parent/Guardian

Date