

GUEST PASS FORM

**** This form is only to be filled out if a student does not want to attend the camp full-time and only wants to participate in specific activities.**

As part of the Kaupas Camp students may take part in athletic camps held on the campus of Mount Carmel Area and Bucknell University. Please sign and return to Mrs. Jolene Scicchitano prior to the start of Kaupas Camp 2022.

I, _____ (participant name), recognize that certain risks and dangers exist through my participation in this athletic activity. These risks include personal injury and the loss or damage to personal property, due to activities that are inherent in sports.

I understand that Mount Carmel Area shall assume no responsibility or liability for me for accident, illness or loss or damage of personal property.

I acknowledge and do hereby assume all risks inherent in the use of Mount Carmel Area athletic facilities and in connection with this activity, and I for myself, heirs, executors, administrators and assigns do hereby expressly release and discharge the releases from all claims, demands, liability actions or judgments of any kind weather caused by the negligence of said releases or otherwise which I now have or in the future against said releases or any of them arising out of my participation in this recreational activity. I certify that to the best of my knowledge,

I am in good physical health and am therefore able to participate in the athletic activity. Further, I understand and accept that if I become physically injured it is my responsibility to provide payment for any medical services rendered.

I hereby grant all partners of the Mount Carmel Area Kaupas Camp to photograph and/or video my child and to publish it and identify him/her while he/she is participating in camp events.

Finally, I recognize that my participation in this recreational activity is of my free will, such that, I may cease continued participation in the athletic activity at my discretion and at any point.

My signature on this document certifies that I have personal medical insurance and that I understand the risks and terms involved in participation. Further, I understand that if I am under eighteen (18) years of age I am required confirmation of this agreement by my parents or guardian.

Participant Signature and Date _____

Parent/Guardian Signature and Date _____

Parent/Guardian phone number in event of emergency _____