

**PERMISSION TO PARTICIPATE IN ACTIVITIES**  
**2022 – 2023**  
**RC ACTIVITIES, INC.**

1. **CHILD'S NAME:** \_\_\_\_\_ **CHILD'S BIRTHDATE:** \_\_\_\_\_ **GRADE IN SCHOOL:** \_\_\_\_\_
2. **NATURE AND DURATION OF ACTIVITIES:** ECYD Challenge Camp 1- June 5-9, 2023 at the Camp River Ridge in Oldenburg, IN. Activities will include swimming, horseback riding, campfires, team building activities, daily Mass and prayers, hiking and more.
3. **ACTIVITY SUPERVISOR(S):** Rachel Peach, Jacquie Lustig, Ilona Kies, and other virtue/safe parish trained ECYD Challenge moms and chaperones
4. **TRANSPORTATION:** Not Applicable. Participants are responsible for securing their own transportation to and from activities, as the company does not provide transportation.
5. **MENTORING:** Participants may be offered mentoring, which is intended to help young people personalize the principles of Christian living that they receive at home and in club activities. Mentoring involves a one-on-one conversation with an adult conducted in plain view of others. When dealing with adolescents, confidentiality will be maintained to foster openness of dialogue, but situations involving sexual abuse of a minor or threats to life or physical health will be reported to the appropriate authority and to the parents (except in those cases where the parent may be the alleged abuser).
6. **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 10 below.
7. **CONSENT:** I/We hereby consent to the above-named child's participation in the activities described above including mentoring, and specifically request that he be allowed to participate in those activities. I/We warrant that I/We have full authority to legally consent to her participation in the activities described on this form, and all provisions contained herein.
8. **AUTHORIZATION:** I/We hereby authorize RC Activities, Inc. to use the image and likeness of my/our child in photograph or video form whether taken by or commissioned by RC Activities, Inc. in its promotional materials and for its promotional purposes associated with its nonprofit activities. This authorization shall extend to use of my/our child's image and likeness on the website of RC Activities, Inc., or its successor in operation or affiliated organization(s) upon written consent of RC Activities, Inc. I/We understand that this authorization shall survive the end of my/our child's participation in the activities referenced on this form.
9. **INSURANCE:** I/We understand that RC Activities, Inc. does not carry any health 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/our own insurance carrier; or (b) that I/We am/are personally financially responsible for any and all medical costs incurred as a result of the child's injury.
10. **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/our child's blood type allergies or other medical problems (if any) are listed below:
- Blood Type: \_\_\_\_\_ Allergies / Medical Problems: \_\_\_\_\_
- \_\_\_\_\_
11. **EMERGENCY CONTACTS:** If, in the event of a medical or other emergency, I/We am/are unable to be reached by telephone at the numbers listed below, I/We authorize the activity supervisor(s) to attempt to contact me/us through the alternative emergency contacts listed below.

**Parents/ Guardians Contact Information**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### Alternative Emergency Contact Information

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

12. I give permission for Event Supervisor(s) and Club Leader(s) to communicate with my child using text messaging and/or email regarding the details of the Activity / Program (Only participants 15 years old and older).

Parent / Guardian Printed Name	Parent /
Guardian Signature	

Child's email address: \_\_\_\_\_

Child's Cell Phone number: \_\_\_\_\_

I would like to be copied on all emails and text messages to my child.

YES

NO

Parent / Guardian email address: \_\_\_\_\_

Parent / Guardian Cell Phone number: \_\_\_\_\_

I do not wish to have my child contacted: \_\_\_\_\_  
Parent / Guardian Signature

13. **RELEASE AND INDEMNIFICATION:** I/We release and waive, and further agree to indemnify, hold harmless or reimburse RC Activities, Inc. and Consolidated Catholic Administrative Services, Inc., 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 RC Activities, Inc. and Consolidated Catholic Administrative Services, Inc., 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 my/our 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/our child's participation in the activities referenced on this form and shall have no limitation in time or amount.

I/We have read and understand the above and agree to all terms and conditions contained therein.

DATE: \_\_\_\_\_

Parent / Guardian Printed Name \_\_\_\_\_ Parent / Guardian Printed Name \_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Signature

# PERMISSION TO PARTICIPATE IN SCHOOL/PROGRAM ACTIVITIES

## RC Activities, Inc

1. CHILD'S NAME: \_\_\_\_\_ CHILD'S BIRTHDATE: \_\_\_\_\_

2. NATURE AND DURATION OF ACTIVITIES: Transportation to and from Salt Creek Ranch horseback riding- June 7, 2023

3. ACTIVITY SUPERVISOR(S): Virtus/safe parish trained ECYD Challenge moms and chaperones

4. **TRANSPORTATION:** Transportation to and from these activities are offered by individual virtue-trained adult volunteers. By signing this waiver, you acknowledge that all transportation offered is by individuals not affiliated with RC Activities, and release Camp RC Activities from any and all liability thereof.

5. **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 9 below.

6. **CONSENT:** I/We hereby consent to the above-named child's participation in the activities described above, and specifically request that he be allowed to participate in those activities. I/We warrant that I/We have full authority to legally consent to his participation in the activities described on this form, and all provisions contained herein.

7. **INSURANCE:** I/We understand that RC Activities, INC does not carry any health 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/our own insurance carrier; or (b) that I/We am/are 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/our child's blood type allergies or other medical problems (if any) are listed below:

Blood Type: \_\_\_\_\_ Allergies/Medical Problems: \_\_\_\_\_

11. **EMERGENCY CONTACTS:** If, in the event of a medical or other emergency, I/We am/are unable to be reached by telephone at the numbers listed below, I/We authorize the activity supervisor(s) to attempt to contact me/us through the alternative emergency contacts listed below.

### Parents/Guardians Contact Information

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### Alternative Emergency Contact Information

(1) Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

9. **RELEASE AND INDEMNIFICATION:** I/We release and waive, and further agree to indemnify, hold harmless or reimburse RC Activities Inc., 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 attorney's fees incurred by RC Activities Inc. 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 my/our 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/our participation in the activities references on this form.

I/We have read and understand the above and agree to all terms and conditions contained therein. DATE: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

# AUTHORIZATION TO GIVE MEDICATION

Medication time schedules should be set so that, when possible, medicine is taken at home rather than at an activity. However, if medication must be given during an activity, this form must be completed.

**Please complete**

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_

I request that the RC Activities, Inc. volunteer assist in administering the following medication to my child. I understand that:

- **Prescription medications must be authorized with a physician signature at the bottom of this form. Prescription medications will NOT be administered without physician consent.**
- **Over the counter medications require parent authorization only.**
- Medications must be in the original labeled container (no baggie, foil, etc.). Pharmacists can provide a duplicate labeled container.
- Parent/guardian must provide the medication, related equipment required and specific instructions. The student may NOT bring these materials to camp or RC Activities, Inc. activities.
- Medication changes or dosage changes must be noted on a NEW medication authorization form. It is the responsibility of the parent/guardian to inform the RC Activities, Inc. Club Volunteer of any changes.
- New medication or dosage changes will not be given unless a newly labeled container is provided.
- Unused medication will be disposed of unless picked up within one week after medication is discontinued.
- Medication will be administered as follows:

Name of Medication \_\_\_\_\_

Dose \_\_\_\_\_ Administration Time(s) \_\_\_\_\_

Route (by mouth, topical, etc.) \_\_\_\_\_ Stop medication on \_\_\_\_\_

Symptoms in which child may require medication as necessary \_\_\_\_\_

Condition/Illness requiring medication \_\_\_\_\_

Additional equipment required for administration \_\_\_\_\_

Possible side effects \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone \_\_\_\_\_

***I authorize the administration of the above stated medication while following under these directions:***

\_\_\_\_\_  
PARENT SIGNATURE (FOR ALL MEDICATIONS) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
PHYSICIAN SIGNATURE (FOR PRESCRIPTION ONLY) \_\_\_\_\_ Date \_\_\_\_\_

Mom's Name \_\_\_\_\_ Dad's Name \_\_\_\_\_

Mom's Cell/Home \_\_\_\_\_ Dad's Cell/Home \_\_\_\_\_

**IN CONSIDERATION FOR RECEIVING PERMISSION TO PARTICIPATE IN THE ACTIVITIES OF RC ACTIVITIES, INC., I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE, RC ACTIVITIES, INC., ITS OFFICERS, AGENTS, SERVANTS, EMPLOYEES OR VOLUNTEERS (HEREINAFTER REFERRED TO AS RELEASEES) FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS AND CAUSES OF ACTION WHATSOEVER ARISING OUT OF OR RELATED TO ANY LOSS, DAMAGE, OR INJURY, INCLUDING DEATH, (INCLUDING, BUT NOT LIMITED TO DEATH OR INJURY ARISING FROM DISPENSING OF THE ABOVE MEDICATIONS BY RELEASEES TO THE ABOVE MEMBER) THAT MAY BE SUSTAINED BY ME, OR ANY CHILD OR GUARDIAN OF ME, OR ANY OF THE PROPERTY BELONGING TO ME, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, OR OTHERWISE, WHILE PARTICIPATING IN SUCH ACTIVITY, OR WHILE IN, ON OR UPON THE PREMISES WHERE THE ACTIVITY IS BEING CONDUCTED.**

**A Medication Authorization Form must accompany each medication**

***Please make additional copies as needed***

# Salt Creek Ranch

Ronnie Adkins  
21040 US Hwy 52  
Laurel, Indiana 47024  
765-698-2044

## ACKNOWLEDGEMENT OF RISK ACCEPTANCE OF RESPONSIBILITY & RELEASE OF LIABILITY

I, the undersigned, hereby acknowledge that I have voluntarily applied to engage in an activity of horseback riding with Salt Creek Ranch.

I understand that the activity of horseback riding involves numerous inherent risks of injury that are an integral part of such an activity. I assume full responsibility for all such risks, including loss of control, collisions, and obstacles whether they are obvious or not obvious. I and/or my family further understand that an animal, irrespective of its training and usual past behavior and characteristics, may react unexpectedly or unpredictably at times, and I also assume such risks.

I understand that I may encounter variations in terrain, which may result in injury or damages. I acknowledge that these are my responsibility, and I assume the risk for these hazards, including breaks, growth, debris, rocks, man-made or natural. I understand that proper attire is required.

I understand that animals are unpredictable and that the risk of injury is inherent to the activity. I agree to assume all risk of injury or death caused by horseback riding, whatever the cause, except as provided by law.

As consideration for being permitted by Salt Creek Ranch to engage in the activity of horseback riding, I do hereby wave any claim and release Salt Creek Ranch and all of their owners, officers, members, affiliated organizations, land owners, agents, volunteers and/or employees for any injury or death caused by or resulting from my participation in the activity of horseback riding.

Under Indiana law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

This contract shall be legally binding upon me, my heirs, my estate, assigns, legal guardians, and my personal representatives.

I have carefully read this agreement and fully understand the contents. I am aware that I am releasing certain legal rights that I otherwise may have, and I enter into the contract in behalf of myself and/or family of my own free will.

**THIS IS A RELEASE OF LIABILITY. DO NOT SIGN OR INITIAL THIS RELEASE IF YOU DO NOT UNDERSTAND OR DO NOT AGREE WITH ITS TERMS.**

Signature of Participant/Parent/Guardian

Date

\_\_\_\_\_

\_\_\_\_\_

Under 18 years of age, signature of parent or guardian is required.

Phone Number \_\_\_\_\_

Address \_\_\_\_\_