

Diocese of Fargo: Youth Liability Waiver

July 12-16, 2026 || Camp Summit || Red Willow Bible Camp, Binford, ND

General Information

Participant's name: _____ Birthdate: _____ Age: _____ Sex: _____

Home Address: _____ Home Phone: _____

Cell Phone: _____ E-mail: _____

I, _____, grant permission for my child listed above to participate in Diocese of Fargo Camp Summit which requires transportation to and from Red Willow Bible Camp in Binford, ND. This activity will take place under the guidance and direction of diocesan employees and volunteers from parishes in the Diocese of Fargo. A brief description follows:

Type of event: Camp Summit

Location of event: Red Willow Bible Camp, Binford, ND

Individual(s) in charge: Brady Borslien - Director of Youth Discipleship and parish workers

Date of event: July 12-16, 2026

Mode of Transportation: N/A

Liability Waiver

PARENT/GUARDIAN, ON BEHALF OF THE CHILD, HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on part of the persons or entities being released, from dangerous or property owned, maintained, or controlled by them, or because of their possible liability without fault.

Parent/Guardian acknowledges that this Accident Waiver and Release of Liability Form will be used by the Diocese of Fargo, its officers, directors and agents, chaperones, or representatives associated with the activity, and that it will govern my actions and responsibilities at said activity.

Parent/Guardian, on behalf of the child, heirs, executor and assigns, I hereby:

- (A) WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me, including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: The Diocese of Fargo, and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;
- (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the aforementioned entities or persons from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

Parent/Guardian acknowledges that The Diocese of Fargo and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

Parent/Guardian understands while participating in this activity, that my child may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns. Names will not be posted unless written authorization is given by the student and the parent/guardian. If there are concerns about pictures or videos posted, please contact the Director, Ministry Coordinator, or webmaster.

This waiver shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND CONTRACT AND I SIGN IT OF MY OWN FREE WILL. BY SIGNING MY NAME BELOW, I AGREE TO THE ABOVE TERMS AND CONDITIONS.

Parent/Guardian Signature: _____ Date: _____

Youth Signature: _____ Date: _____

Medical Matters

(I hereby warrant that to the best of my knowledge, my child is in good health.)

The Diocese of Fargo will take reasonable care to see that the following information will be used only for its intended purpose shall not be released to a third party unless necessary for medical treatment of the child.

A. Emergency Medical Treatment:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any treatment by the hospital or doctor. In the event of an emergency where I am unable to make a decision please contact:

Name & Relationship: _____ Phone: _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy: _____ Group: _____

B. Medications:

Initial Here if: My child is taking medications at present time. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions, including dosage and frequency of dosage, are filled out on **attached Medication Form**.

Initial Here if: No medication of any type, whether prescription or non, may be administered to my child unless the situation is life threatening and emergency treatment is required.

— OR —

Initial Here if: I hear-by grant permission for non-prescription medication to be given to my child, if deemed appropriate.

C. Special Medical Information:

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Has your child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____



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