

# Parental Consent Form & Indemnity Agreement for EFC 2026

## High School Camper Form

Youth Participant Name: \_\_\_\_\_ Sex: M / F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade (2025-2026): 9<sup>th</sup> / 10<sup>th</sup> / 11<sup>th</sup> School: \_\_\_\_\_

T-Shirt Size (Adult Sizes): XS / S / M / L / XL / XXL

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

Would you be interested to serve as an adult chaperone at Extreme Faith Camp? Yes / No Would you be willing to be a bus chaperone (to and/or from camp)? Yes / No

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

Parent E-mail Address: \_\_\_\_\_

Parent Primary Phone: \_\_\_\_\_ Parent Secondary Phone: \_\_\_\_\_

Date of Event: July 5-July 10, 2026 (9am on Sunday to 345pm on Friday)

Type of Event: Extreme Faith Camp

Location: Trinity Woods N 10884, Hoinville Rd, Trego, WI 54888

Drop-off Time: 8amam on Monday Pick-up Time: 3:45pm on Friday most likely at OLL in Mound

Transportation: TBD but likely from OLL

Student Cost \$470 - \$150 due with submission of this document. Total money due by May 1<sup>st</sup>

Individual in Charge: Andrew Zeisel

The following are optional activities during Extreme Faith Camp. Parents/Guardians, please initial on the "Yes" or "No" lines, to give or withhold permission, respectively, for your child to participate in following activities...

Swimming (Lake, with Lifeguard on duty):	Yes: _____	No: _____
Boating/Pontoon (Lake):	Yes: _____	No: _____
Tubing (Lake):	Yes: _____	No: _____
Canoeing/Kayaking (Lake):	Yes: _____	No: _____
(High-Ropes, Low Ropes, Climbing Wall, etc.)	Yes: _____	No: _____
Archery/Sling Shot:	Yes: _____	No: _____

I, the parent/guardian, grant permission for my child to participate in the above named activity. This activity will take place under the guidance and direction of employees and/or volunteers from the Church of St. Maximilian and other participating Extreme Faith Camp parishes (including the Church of the Sacred Heart Robbinsdale, St. Raphael Crystal, Immaculate Conception Lonsdale, Our Lady of the Lake Mound, St. Jude of the Lake Mahtomedi, & St. Wenceslaus New Prague)

I understand and agree that as parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor ('participant'). I understand that my child is required to comply with the Code of Conduct provided by the parish/school while participating in the event. I understand and agree that if my child violates the Code of Conduct he/she may be required to be transported home at my expense. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Church of

St. Maximilian, and other participating Extreme Faith Camp parishes, its officers, directors, employees and agents, and the Archdiocese of Saint Paul and Minneapolis, its employees and agents, chaperones, or representatives associated with the event and activities (hereinafter 'Releasees'), from any claims, including but not limited to all claims relating to communicable disease, arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate Releasees for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of Releasees.

I have read and agree to the terms of the Parental Consent Form and Indemnity Agreement.

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Signature of Parent/Guardian

Date

## Medical Matters

I, \_\_\_\_\_ hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child.

You should be aware of these physical limitations or special medical conditions of my child (List physical limitations/medical conditions): \_\_\_\_\_

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You should be aware of these allergies (medical, environmental, dietary, etc.) of my child (List allergies):

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## CODE OF CONDUCT

Participant's name: \_\_\_\_\_ Parent's name: \_\_\_\_\_

The following are a few rules that all participants are expected to follow while participating and representing the Church of St. Maximilian. My child(ren)/participant(s) WILL:

- Treat all other persons with respect and not cause any intentional harm (physically, emotionally, or spiritually) to any person in any way.
- Respect the property of others, including all program facilities and property.
- Follow all appropriate instructions of all personnel aiding in this event/activity, including, but not limited to parish staff, catechists/leaders, chaperones, support staff, transportation personnel and administration.
- Be on time for all check-ins and departure time. Not have in possession any tobacco, alcohol or any controlled illegal substance.

I agree that if any of these terms are violated, the Church of St. Maximilian can send the participant home at the participant/guardian's expense. I have read and agree to the terms of the Code of Conduct.

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Signature of Parent/Guardian

Date

## PRESCRIPTION DRUG AND MEDICINE AUTHORIZATIONS

Any prescriptions or over-the-counter medicine must be in the original, labeled container and stored under lock and key. The following information must be completed before medicine is given.

Student Name \_\_\_\_\_

Name of Prescription/Medicine \_\_\_\_\_

Prescribing Doctor \_\_\_\_\_

Amount of Dosage \_\_\_\_\_

Times to be Given \_\_\_\_\_

Duration of Prescription \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the Church of St. Maximilian Kolbe to dispense medicine to as directed above.

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Signature of Parent/Guardian

Date

## Photo/Video/Audio Release for EFC (Camper/High-School)

Participant's name: \_\_\_\_\_ Parent's name: \_\_\_\_\_

I am the parent or legal guardian of the above named minor ('My Child'). I grant the following rights to the Church of St Maximilian Kolbe, participating EFC parishes.

- 1) The right to use all photographs, pictures, portraits, vocal sounds, appearances/likenesses, video and performances (hereinafter collectively known as 'image') of My Child in the possession the Church of St. Max, and participating EFC parishes.
- 2) The right to use, reproduce, publish, exhibit, distribute, and transmit the image of My Child individually or in conjunction with other images or printed matter in the production of brochures, slides, motion pictures, broadcasts (radio, television, and other social and digital media), audio or video files, recordings, still photography, CD-Rom and any other manner of media now known or later developed;
- 3) The right to use, reproduce, publish, exhibit, distribute, and transmit the image of My Child individually or in conjunction with other images or printed matter for the Church of St. Maximilian, and participating EFC parishes and the Archdiocese of Saint Paul and Minneapolis's Internet websites. No home address or phone number will be published;
- 4) The right to record, reproduce, amplify, edit, and simulate My Child's image and all sound effects produced;
- 5) The right to copyright, in the name of the Church of St. Maximilian, Extreme Faith Camp, and the Archdiocese of Saint Paul and Minneapolis, works that contain the image of My Child;
- 6) The right to use and publish for general communications, advertising, commercial or publicity purposes, or for any other lawful purpose whatsoever my child's original work; and
- 7) The right to assign the above-mentioned rights to third parties without notice to me. I understand that the video files, still photos, or other media incorporating the image of My Child will become the property of the Church of St. Maximilian and participating EFC parishes. I hereby waive the right to inspect or approve the image or any finished materials that incorporate the image. I understand and agree that no compensation will be provided, now or in the future, in connection with the use of My Child's image or My Child's original work. I hereby release, discharge, and agree to indemnify and hold harmless the Church of St. Maximilian, and participating EFC parishes, the Archdiocese of Saint Paul and Minneapolis, and their agents, employees and assigns from any and all claims, demands, right, and causes of action of whatever kind that I or my child have or may have or may arise by reason of this authorization and from the use of My Child's image and original work, including but not limited to, all claims for libel and invasion of privacy. This consent regarding My Child's likeness and original work is valid until such time as I choose to rescind this authorization and consent. If I choose to rescind this authorization and consent, I agree that I will inform the Church of St. Maximilian in writing and that my rescission will not take effect until it is received by the Church of St. Maximilian. I understand and acknowledge that it may not be possible to recall any work or photos that have been published prior to receipt of my written rescission. I hereby authorize and consent that the Church of St. Maximilian, participating EFC parishes and the Archdiocese of Saint Paul and Minneapolis have the right to use My Child's name in connection with their educational, promotional, fund-raising activities, or for any other legitimate purpose.

I have read the above Disclosures, Authorizations, and Releases, have had the opportunity to consider their terms, and understand them. I execute this document voluntarily and with full knowledge of its significance.

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Signature of Parent/Guardian

Date