



**DIOCESE OF MANCHESTER
FAMILY & ADULT
LIABILITY WAIVER AND RELEASE**

ACTIVITY: NH Knights of Columbus State Family Camporee

DATE OF ACTIVITY: LaborDay Weekend (Fri, Sat, Sun & Mon)

LOCATION : Camp Fatima, Gilmanton IW, New Hampshire

To the fullest extent of the Law, I/we AGREE TO RELEASE, HOLD HARMLESS AND INDEMNIFY the *Roman Catholic Bishop of Manchester, a Corporation Sole*, its constituent organizations (hereafter collectively referred to as the "RCBM"), and the Knights of Columbus, including, but not limited to The New Hampshire Knights of Columbus State Council and their officers, directors employees, affiliates, volunteers and agents from all liability for injury, death, property loss or damage that arises in any way from my participation in these activities, including, but not limited to any transportation to and from the activities, including all liability that results from the negligence of the RCBM and the New Hampshire Knights of Columbus State Council or any other person or cause.

In the event of a medical or dental emergency that should occur while participating in these activities, I accept full responsibility for all cost of such emergency treatment.

My health insurance carrier, if any, is _____

(name of medical insurer)

(policy/certificate number)

I/we agree to abide by the rules and regulations governing the above-described activity and to obey any instructions given to me by the person(s) having supervision and control over the activity.

I/we warrant and represent that I/we are eighteen years of age or over, or accompanied by my legal guardian and upon request will produce satisfactory proof. If child's last name is different than parents, please list parent name.

Signed this _____ day of _____ 20____.

_____/_____
Adult name (print) Adult (signature)

_____/_____
Adult name (print) Adult (signature)

_____(____)/_____
Child name (print) Age Relationship
(list "parent" if child's last name is different than parents)

_____(____)/_____
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_____(____)/_____
Child name (print) Age Relationship
(list "parent" if child's last name is different than parents)

_____(____)/_____
Child name (print) Age Relationship
(list "parent" if child's last name is different than parents)

Cabin number/location: _____

Auto License Plate(s) # _____/_____

Are you a member of the Knights of Columbus? Yes ___ No ___

If not, list below the Knight (member) sponsoring you.

Knight's Name: _____ Council #: _____

Sign and mail to:
Mr. Ronald Metevier
78 Batchelder Rd.
Raymond, NH 03077

This contract is due on or before August 15.
For questions, contact Ron Metevier
at 603-895-2889 or metevi@myfairpoint.net