



**DIOCESE OF MANCHESTER
MINOR
LIABILITY WAIVER AND RELEASE**

Note: This form is to be completed for any minor under 18 unaccompanied by a parent or legal guardian. If minor is with their parent or legal guardian, list them on the family liability release form. This form may be signed ONLY by the minor's parent or legal guardian.

ACTIVITY: NH Knights of Columbus State Family Camporee

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

LOCATION: Camp Fatima, Gilmanston IW, New Hampshire

I, _____ the undersigned parent or guardian, voluntarily allow my child or ward to participate in the activity listed above, and as a condition of being allowed to do so, I hereby RELEASE, INDEMNIFY and HOLD HARMLESS the *Roman Catholic Bishop of Manchester, a Corporation Sole*, its constituent organizations (hereafter collectively referred to as "RCBM"), and the Knights of Columbus, including but not limited to The New Hampshire Knights of Columbus State Council (hereafter collectively referred to as the "K of C"), and their officers, directors employees, affiliates, volunteers and agents from all liability for personal injuries or property damage or death to my child or ward that arises in any way from participation in the activity, including but not limited to any transportation, including all liability that results from the negligence of the RCBM or the K of C, or any other person or cause.

I, hereby, warrant and represent that my child or ward is physically fit and capable of taking part in any and/or all of these activities. As parent or guardian signing this agreement on my child or ward's behalf, I acknowledge that I have read the above release and that by signing this release on my own and his/her behalf, we agree to be bound by its terms. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp or the Knight of Columbus to secure and administer treatment, including hospitalization, for the person named below.

This completed form may be photocopied. I also accept full responsibility for all medical expenses incurred as a result of my child or ward's participation in this program. Health insurance, if any, covering my child is provided by: _____

(name of medical insurer)

(policy/certificate number)

Emergency address/phone number:

I 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.

Child name (print): _____

Signed this _____ day of _____ 20 _____

_____/_____
Parent/Legal Guardian name (print) Parent/Legal Guardian (signature)

Name of member Knight sponsoring you. _____

Cabin #. _____

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