

**PARENT/GUARDIAN
CONSENT, RELEASE OF LIABILITY AND INDEMNIFICATION
FOR SUMMER CAMPS**

NAME OF CHILD _____ DOB: _____

SUMMER CAMP: **Mr. LoVerde's Summer Sports Camps** DIRECTOR: **Mr. Leonard LoVerde**

The above referenced sport involves certain risks, including but not limited to, severe physical contact, and the possible reckless conduct of other participants. These risks also include, but are not limited to serious injury or death.

I, the parent/legal guardian of the above named child, for myself and child, our heirs, personal representatives, assigns and next of kin, request that child be permitted to participate in the above referenced camp and in consideration for the agreement to permit child's participation, and intending to be legally bound, do hereby:

1. Release, discharge and covenant not to sue the Most Rev. Frank J. Dewane, Bishop of the Diocese of Venice, individually and as a corporation sole, (hereinafter Releases), from any claim, demand, action, or liability whatsoever on account of injury to the person or property of student in conjunction with said camp, whether caused by the negligence of the Releases or otherwise; excepting gross negligence or intentional wrongdoing.

2. Indemnify and hold harmless the Releases and each of them from any loss, liability, damage or cost they may incur incident to child's participation in the above camp, whether caused in whole or part by the negligence of Releases or otherwise, excepting gross negligence or intentional wrongdoing.

I further represent that my child is covered by accident and health insurance and I agree to maintain coverage in full force and effect. I am completing a Medical Authorization (below) which is to be maintained by the sponsoring Licensee, Leonard LoVerde in the event emergency medical care is required.

I do further agree that Leonard LoVerde has the right to terminate the participation of the above child for reasonable cause, as determined within his discretion.

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Address: _____ Phone: _____

MEDICAL AUTHORIZATION FOR MINOR

I, Leonard LoVerde, require a Medical Authorization for minors be completed for all of my summer camp attendees. The form must be completed and notarized. In addition a copy of the child's applicable health insurance card must be submitted.

NAME OF MINOR _____ D.O.B. _____

HOME ADDRESS: _____

PARENTS/GUARDIANS: _____ PHONE #s: WORK _____

HOME: _____ CELL: _____ EMERGENCY CONTACT: _____

PHONE: _____

MEDICAL INFORMATION: Please list all information pertaining to allergies, diet needs, special medication, physical impairments, blood type, health conditions or any other information necessary in an emergency situation. Explain fully:

Child's Doctor: _____ Phone: _____

Address: _____

In case of illness or injury of the above camper, reasonable effort will be made to contact the parent(s) legal guardian(s)/emergency contact. In case of a medical emergency when these parties cannot be notified or are not available, I (we) authorize Leonard LoVerde to consent to any x-ray examination, anesthetic, medical or surgical treatment, and/or hospital care, as determined to be necessary and appropriate by a physician licensed in the State in which treatment is sought. This authorization is valid for a period of 3 months from the date of execution. I agree to assume financial responsibility for any medical treatment provided to the above minor and a **copy of** the applicable health insurance card is attached.

Signature of Parent or Legal Guardian

Signature of Parent or Legal Guardian

State of Florida
County of Lee

Notary