



CAMP RECREATION

A Residential Summer Camp for Individuals with Developmental Disabilities
Accredited by the American Camp Association

Holy Bowling Saturday, March 26, 2011 Liability & Publicity Release

Volunteer Name: _____

I do hereby release the Roman Catholic Bishop of Sacramento, A Corporation Sole, their agents and assigns from any liability for damages and expenses resulting from injury or sickness or death caused by anything outside their responsibilities while said named person is participating in activities of Camp ReCreation's Holy Bowling program on Saturday, March 26, 2011. I further agree to indemnify, protect, defend, and hold harmless Camp ReCreation, The Sacramento Catholic Diocese, and their directors, officers, employees, volunteers, and/or agents from and against any cost, damage, expense, claim, or liability caused by or arising out of presence at Camp ReCreation's Holy Bowling program on Saturday, March 26, 2011, including any injury to, or death of, any person, any damage to any real or personal property on or about the facility or belonging to Camp ReCreation or The Sacramento Catholic Diocese, and any attorney's fees and/or costs arising out of this agreement.

I do hereby give permission to Camp ReCreation and the Diocese of Sacramento to use pictures and/or the voice of said named volunteer in any way that will promote Camp ReCreation or assist in enabling a deeper sense of awareness about the talents and special needs of people with disabilities in our churches and communities.

Signature: _____
18 and over

Date: _____

Parent/Guardian

Signature: _____
(must be signed by parent/guardian if under 18)

Date: _____

Parent/Guardian Name: _____
Please print

Parent/Guardian Emergency phone # _____

Please bring signed form with you to Holy Bowling on Saturday, March 26, 2011