



Camp Webb Accident Waiver and Release of Liability

I, _____,
give full permission for my child _____,
to attend The Diocese of Milwaukee's summer camp, Camp Webb; and to participate in all
activities unless otherwise specified on the Health Form.

I DO DO NOT give my permission for photographs or video footage of my child to be
used by the Diocese of Milwaukee and Camp Webb for promotional purposes such as, but not
limited to: brochures, daily website photos of camp, camp DVD, etc. No names will be used.

I DO DO NOT give my child permission to watch any movies (rated PG) that might be
shown at camp.

Medical Release

I give my permission to the leaders of this program to secure emergency medical or
surgical treatment for my child if there is insufficient time to contact me, and to secure
routine, non-surgical medical care as needed.

Waiver of Liability

I agree to hold the Diocese of Milwaukee, Camp Webb and any associated agencies and
persons free of liability and waive my claims for payment for accident, injury, disability
or damages to the person or property of the aforementioned child arising out of or
connected with his/her participation in any activity related to his/her camp experience.

Parent/Guardian Signature _____

Date _____