

The Diocese of Birmingham in Alabama
Office for Youth
PO Box 12047, Birmingham AL 35202-2047

Youth Form

To be completed by anyone under the age of 18

Camp Tekakwitha

Camp Tekakwitha located in St. Clair County, Alabama is a privately owned, privately funded religious camp. The camp is a place of retreat, designed for like-minded youth groups, parish organizations and clergy within our diocese committed to the same mission as the Catholic Church. At this camp the Diocese of Birmingham in Alabama seeks to teach by act and deed the principles of our religion. The Diocese reserves the right to deny access to any group or individual. All groups and individuals are subject to Camp Tekakwitha rules when on the camp property

Release of Liability and Indemnity Agreement Valid for One Year

Church, Group or Scout Unit _____

Name (print) _____ Date of Birth (m/d/y) _____

Parent/Legal Guardian (print name) _____

On behalf of the above named individual who is my child: I understand the property known as Camp Tekakwitha, Springville Alabama has many natural and man-made hazards and I assume all risks and responsibilities associated with his/her presence on the property.

I do hereby agree to forever indemnify, exonerate, hold-harmless and defend the Bishop of the Diocese of Birmingham in Alabama, a corporation sole, and his respective successors in office; Catholic church employees, volunteers and clergy from all claims, demands, actions, and causes of action, arising out of or in any way pertaining to any bodily injury or illness, including death, incurred while on the property known as Camp Tekakwitha, Springville Alabama.

The undersigned further expressly agrees that the foregoing release is intended to be as broad and inclusive as permitted by the laws of the State of Alabama, and that if any portion is held invalid, it is agreed that the balance shall continue in full legal force and effect.

* I also understand that neither Camp Tekakwitha nor the Diocese of Birmingham has accident or health insurance covering my child while on camp property. I accept personal responsibility for any medical treatment that my child may need as a result of his or her presence at Camp Tekakwitha.

**** This Release of Liability and Indemnity Agreement shall remain in force for a period of one year – unless a written cancellation signed by the parent or guardian is received at the Office for Youth, Diocese of Birmingham in Alabama, 2121 3rd Ave N, Birmingham AL 35203.***

Signature of Parent or Guardian _____ Date _____

Print Name _____

Address _____

Supplement to any other forms required by your group
Office for Youth: (205) 838-8301
youthministry@bhmdiocese.org