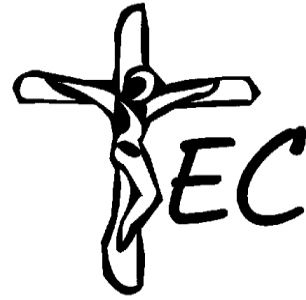


# New Life



“New Life TEC” is endorsed by the Roman Catholic Diocese of Gaylord

**Applicant Retreat Period:** Friday, March 14, 10:00am - Sunday, March 16, 3:00pm, 2025

Last Name		First Name	
Address			Apt. #
City		State	Zip
E-mail		Phone	
Parish		City	
School			Current Grade
Date of Birth	Gender: Female ___ Male ___		
Do you have any special needs for the weekend? Health, Diet, Allergies, etc. Explain:			
Please list any medications you are taking:			
Church Activities, Hobbies, Talents, etc.			
Candidate Signature:			Date:

## Pastor (Priest or Youth Minister) Signature

Name		Parish	
Address		Phone	
City		State	Zip
I both recommend the above named applicant, and know he/she to be an emotionally healthy person. He/she will contribute to, and benefit from the TEC experience.			
Pastor Signature:			Date:

Send completed application form

along with \$25.00 deposit to:

New Life TEC

c/o Val Porter

1180 Duncan Shores Dr

Cheboygan, MI 49721

Make checks payable to: New Life TEC (Additional \$75.00 due on weekend)



## RELEASE AGREEMENT

Participants Name (please print) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

Please add me to your Mailing List and/or Newsletter: Yes \_\_\_ No \_\_\_ E-mail: \_\_\_\_\_

Please list any health concerns or medications you are taking that you feel Camp Daggett should be aware of:  
\_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_ Alternate \_\_\_\_\_

### MEDICAL TREATMENT

If medical treatment is warranted at the discretion of Camp Daggett staff, or if surgical care is recommended by a physician selected by the Camp Daggett staff, then I give permission to authorize treatment for the participant identified on this form. (All efforts to notify the parent, guardian or contact person will be made first.)

### PARTICIPATION

While at Camp Daggett, participants could be involved in activities that require exposure to changing weather conditions and the use of a variety of equipment. All activities require complete attention and responsibility of the participant, either individually or as part of a group. Many of these activities include inherent risks. By signing below, you expressly understand and agree to assume all risks and to release Camp Daggett, its agents, employees, and Board of Trustees from any and all liability arising from any losses of personal property or any bodily injuries incurred by the participant on the property of Camp Daggett, or in connection with any of its activities or programs unless such loss of injury results directly from the gross negligence or willful and wanton misconduct of any employee or the organization acting within the scope of their employment. A signature is required for admission and to participate at Camp Daggett.

In further consideration, I agree to release, hold harmless, indemnify, and defend Camp Daggett and its' employees, board of trustee members, representatives, agents, volunteers and anyone associated with Camp Daggett from and against any and all lawsuits, claims, actions, losses and damages that I (or the minor I am signing for) have, or perceive myself (or the minor I am signing for) to have against Camp Daggett, including but not limited to, allegations of negligence, carelessness, breach of contract, breach of statutory duty or other duty of care. I further agree to indemnify, hold harmless and defend Camp Daggett from damage, costs or expenses, including actual attorney fees and costs, without limitation, which Camp Daggett sustains as a result of or related to any claims that I (or the minor I am signing for) have or perceive to have against Camp Daggett.

### PHOTO/MEDIA

I grant Camp Daggett, and persons acting for or through them, the right to use photographs, images, likeness, and any media content of myself (or the minor I am signing for), and any others identified on this form. This release allows Camp Daggett to use the content for promotional and educational purposes, including but not limited to print materials, website, social media, and other marketing channels. I understand that this agreement is voluntary, and I will not receive any compensation for the use of the content. I also release Camp Daggett from any liability associated with the use of the content.

### SIGNATURE

I have carefully read the above medical treatment, participation, and photo/media agreements and understand this is a contract which applies to all programs, events and activities at or through Camp Daggett, and I acknowledge all implications as a result of the contractual responsibility I accept by signing below. I also accept these terms for the participant if I am signing as a parent or guardian.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Participant's signature (Parent or guardian if under 18 years of age)