

# 14th Annual Ten Commandments Hike 2024

A Faith and Family Event

Saturday, January 6, 2024

## PERMISSION/RELEASE FORM

(One form per Participant, Please **Pre-Registration**

**Required:** <https://taccos.org/hikeform2024>)

**Please complete and mail to:**

(May also be submitted on day of hike)

**Mr. Paul Palmiotto**

**Ten Commandments Hike Director**

**3325 Bodmin Moor Dr**

**Tallahassee, FL 32317**

**e-mail:** [spaulpalmiotto@yahoo.com](mailto:spaulpalmiotto@yahoo.com)

**phone:** (850) 326-0714 (mobile)



Participant's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Adult      Youth      If youth, Age & School Grade (as of January 6, 2024) \_\_\_\_\_

Responsible Adult (The attending adult who will be responsible for youth participants)

Name \_\_\_\_\_

Cell phone number during hike: \_\_\_\_\_

## PARENT MEDICAL/COVID-19, LIABILITY, AND PHOTO RELEASE

I understand that the Hike Staff have taken precautions to minimize the risk of physical harm and to ensure my or my child or ward's safety while in their care. In case of medical or other emergency, I give my permission to any licensed physician, dentist, hospital, or emergency service selected by the Hike Director, or his or her designee, to secure medical care and treatment, including, but not limited to, any x-ray examination, anesthetic, dental, medical, or surgical diagnosis or treatment for me or my child or ward named above. In case of an emergency and parents/guardians cannot be reached, an ambulance or emergency personnel will be summoned. Payment for medical emergencies is the responsibility of the parent/guardian. I understand that reasonable efforts will be made to contact me immediately in the event that something unforeseen happens which requires my immediate attention, but if the Hike Director, or his or her designee, is not able to contact me, I authorize them to grant any medical or legal authority that I could grant if I were personally present in any emergency or urgent situation affecting me or my child or ward. Additionally, I am aware that the novel coronavirus (Covid-19) is an extremely contagious virus believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and health agencies have recommended various precautions to reduce spread of the virus (e.g., vaccination, social distancing, facemasks, etc.); however, implementation of such measures principally rely on the prudential judgment of individuals. Accordingly, I understand the Hike Staff cannot guarantee that my child or ward or myself will not become infected with Covid-19. Further, I understand that attending the Ten Commandments Hike could increase my risk and my child's or ward's risk of contracting Covid-19. I acknowledge the contagious nature of Covid-19 and voluntarily assume the risk that I or my child or ward may be exposed to or infected with Covid-19 by attending the Hike. I VOLUNTARILY AGREE TO ASSUME ALL OF THE FOREGOING RISKS AND ACCEPT SOLE RESPONSIBILITY for any infection, illness, sickness, damage, loss, expense, or liability of any kind (including, but not limited to, personal injury, disability, or death). WHEREFORE, on behalf of myself, my heirs, assigned executors, and personal representatives, by signing this agreement, I RELEASE, COVENANT NOT TO SUE, HOLD HARMLESS, AND DISCHARGE FOREVER the Hike Staff, Hike Director, and his or her designee; the Tallahassee Area Catholic Committee on Scouting (TACCOS); the Roman Catholic Diocese of Pensacola-Tallahassee; William A. Wack, C.S.C., as Bishop of Pensacola-Tallahassee; the Girl Scouts of Gateway Council; the Suwannee River Area Council of the Boy Scouts of America; Camp Fire; Boys & Girls Clubs of America; American Heritage Girls; Trail Life USA; and all houses of worship involved in the Hike and their parent organizations, sponsors, volunteers, chaperones, and affiliates, from:

- Any liability, claim, loss, damage, cost, or expense, and waive any such claims against any such person or organization arising directly or indirectly from or attributable in any legal way to any action or omission to act of any such person or organization in connection with the organization and execution of the Hike; and
- All responsibility for any liability arising out of any illness, including exposure to or infection with Covid-19, or any accident that may be sustained by me or my child or ward during the Hike.

I understand and agree to follow any health and safety instructions provided by the Hike Staff, including adherence to preventive measures to reduce the spread of Covid-19. I also give permission for me and my child or ward to be photographed at the Hike and for the photographs to be used to promote future Hikes.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone / Cell Phone: \_\_\_\_\_ / \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone / Cell Phone: \_\_\_\_\_ / \_\_\_\_\_

