

Fortify Youth Conference 2018

Consent to Participate, Waiver, and Release

Participant Information

Name: _____ Date of Birth: _____

Street: _____ City/State: _____ Zip: _____

Name of Parent(s)/ Legal Guardian(s): _____ Phone: _____

In case of emergency - if I cannot be contacted at the address or phone number provided, please contact:

Name: _____ Phone: _____

Activity Information

Parish/Organization: **St. John the Evangelist**

Activity: **Fortify Youth Conference**

Place: **10701 Olcott Ave St. John, IN 46373**

Date of Activity: **Nov. 3**

Authorization and Waiver of Risk

I hereby agree and consent to my son/daughter _____ ("Child") participating in the above-named "Activity" which includes traveling to and from the above-named "Place." I acknowledge that, despite careful and proper preparation, there is still a risk of injury when participating in any activity. I release and hold harmless the Diocese of Gary, the Parish, the Youth Minister, the Parish Chaperones, as well as any and all other participating organizations, their officers, agents, representatives, employees, and volunteers from any and all responsibility and liability from any injury, claim, costs, or any other damages whatsoever which may result from my Child's participation in this above-named "Activity". I further agree to assume full responsibility for the actions of my Child as well as for the payment of any and all debts incurred by my Child during his/her visit and participation in the above-named "Activity".

Authorization for Emergency Medical Treatment

I hereby agree and consent to my son/daughter _____ ("Child") receiving emergency medical treatment in my absence should the need for such treatment arise during my Child's participation in the above-named "Activity."

Should the need for emergency medical treatment arise, the following health information pertaining for my Child is voluntarily disclosed:

Special Dietary Needs: _____

Medications: _____

Allergies: _____

Promotional Photographs

In the interest of promoting future activities, video and still photographs may be taken during this event. This form constitutes written permission for Child's participation in the videotape and/or photographs, which may be used for future promotional efforts, including with the Diocese of Gary and St. John the Evangelist Parish (names are not used in photos).

By signing the Consent to Participate, Waiver, and Release, I hereby acknowledge that I have read and fully understand the provisions contained above, and I knowingly consent to my Child participating in the above-named "Activity" and agree to be bound by the terms and provisions of this Consent to Participate, Waiver, and Release.

Signature(s) of Custodial Parent(s)

Date

Printed Name(s) of Custodial Parent(s)