

St. Raphaels **PARISH**
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY

PARTICIPANT INFORMATION

Name of Youth: _____ DOB: _____

Parent/Guardian Name: _____

Home Address: _____

(A) Parent/Guardian emergency contact name and telephone numbers:

Name: _____

Home: _____ Work: _____ Cell: _____

(B) If "A" above is unavailable, alternate emergency telephone contact name and phone number:

Name: _____

Home: _____ Work: _____ Cell: _____

(C) Health Insurance Carrier: _____

Policy No.: _____ Group No.: _____

Nature of Event: I understand that the nature of this event sponsored by St. Raphaels Parish (hereafter "Parish") will be held at Franciscan University in Steubenville Ohio (the "location"). I have been given information, or have had the opportunity to request information, which more clearly describes the physical facility. The event will take place on July 14th-July 16th, 20 10, and will involve a transportation to the destination and the following activities: speakers, music, small groups

I understand and assume the risks inherent with such an extended field trip, which may involve certain risks beyond the reasonable control of the Parish and the Diocese of St. Petersburg, and their respective representatives, volunteers and agents. Such risks may include but not be limited to accidents, emergencies, exposure to nature and the elements, and/or negligence of the Adult Chaperones and staff of the entity at the location of the event, the Parish and the Diocese of St. Petersburg disclaim any and all responsibility for any such risks.

I am also aware that all reasonable care and supervision will be exercised by the Adult Chaperons to provide for the general well-being of my youth. However, I understand that there will be times when my youth is not directly supervised and it is impossible for the Adult Chaperons to supervise my youth every minute of every day while attending this event. I acknowledge placing my trust in my youth to adhere to proper standards of conduct and to follow the rules of the Group Leaders and Adult Chaperons, especially when not being directly supervised. I understand and assume the risks described above and those inherent with such an extended field trip. In consideration for the benefits my youth will receive in attending this event, I, individually and on behalf of my youth, do hereby **RELEASE, DISCHARGE AND COVENANT NOT TO SUE** the Bishop of the Diocese of St. Petersburg, the Parish and all parishes within the Diocese, all employees, agents and volunteers for this event, and agree to hold them harmless from any and all claims whatsoever arising from the conduct of any person(s) which result in any injury or loss to my youth, or myself.

MEDICAL PERMISSIONS FOR YOUTH: If on the day of travel to the location, my child should have any symptoms of headache, vomiting, sore throat, cold, fever, flu, diarrhea, onset of any contagious illness, or should otherwise not attend the conference for health reasons, I agree that I will not permit my child to travel to the location. Before leaving the Parish, or during travel to or attendance at the location, in

THIS FORM CONTINUES ON THE REVERSE SIDE – OVER

the event it comes to the attention of the Parish that my child shows up with any illness or there is an accident or emergency, I agree that in the sole discretion of the Parish, my child may be sent home immediately without any liability to the Parish or the Diocese of St. Petersburg.

I have given consent for emergency medical treatment that may be necessary at the time of registration. I hereby ratify and incorporate that consent by signing below. Further, my youth is in good health and I am not aware of any medical conditions that would impair or prevent my youth from attending this extended field trip.

PERMISSION FOR OTHER MEDICAL MATTERS: In the following, check **ONLY** those that apply to your child:

____ YES, if upon leaving home I know my child is to be taking prescription or non-prescription medication at the time of this event, I give permission to the location's medical staff or Parish staff to administer the medication to my child; provided, however, that it is my responsibility to send with my child the appropriate quantity of clearly labeled medication showing dosage and frequency and to speak to a chaperone about this in advance. I understand that the Parish cannot be responsible for my failure to send the appropriate quantity of medication or for errors in the dosage and frequency due to any cause whatsoever.

____ YES, in the event it comes to the attention of the Parish that my child complains of illness, I grant permission for nonprescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child by the location's personnel or Parish personnel.

CODE OF BEHAVIOR: I agree to instruct my child to abide by all rules and regulations including the Parish Handbook, that are imposed for this extended field trip, that are sometimes referred to as a Code of Behavior ("the Code"). I understand that if I have not previously seen the Code, it is my duty to seek a copy of the Code and to review it and to explain it to my child prior to signing this waiver. I agree that if my child fails to abide in any way by the Code, that my child can be dismissed from the location and sent home immediately at my expense for the immediate transportation home with no right of reimbursement or refund for any amount in connection with such transportation from the Parish.

I fully understand the consequences of the foregoing statements and sign this Consent Form and Liability Waiver knowingly, freely and willingly. (Your signature must appear below or your youth will not be permitted to attend the event).

Parent/Guardian Signature Date

Youth: As a participant at this event, I understand and agree to conform to all of the rules and regulations outlined in the meetings, classroom and other materials I have received, which also include the Parish Handbook and may be collectively referred to as "The Code". I understand that my failure to follow the Code will result in my dismissal from the event and that I will be sent home at my own or my parent/guardian's expense. (Youth's signature must appear below or the youth will not be permitted to attend the event).

Youth Signature Date

STATE OF FLORIDA
COUNTY OF _____

The foregoing Waiver was duly sworn and acknowledged before me this _____ day of _____, 20____, by the persons named hereinabove.

NOTARY PUBLIC
Name: _____
My Commission expires: _____



Youth Registration and Liability Release Form

Franciscan University of Steubenville's
2010 High School Youth Conferences



This entire page must be completed and legible for each youth to attend the conference! Please make sure a parent or legal guardian has signed this form on the designated signature line! Thank You!

REGISTRATION FORM – YOUTH PARTICIPANT

Registration Information:

Participant's Name _____ Birth Date _____

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

Address _____ Year of Graduation _____

City _____ State _____ Zip _____ Phone # (____) _____

Gender: (circle one) F M Group Leader's Name _____

LIABILITY RELEASE FORM – YOUTH PARTICIPANT Parent/Guardian Release

I, _____ (print name), give permission to my above named son/daughter to attend Franciscan University of Steubenville's High School Youth Conference to be held on _____ (dates). If needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice by appropriate health care personnel. I give my permission to Franciscan University of Steubenville and its agents to share and disclose health and medical information for the treatment and care of my child and to disclose this information to Chaperones who are responsible for my child. I release Franciscan University of Steubenville and its agents of all responsibility and consequences that may arise as a result of any injury suffered and resulting treatment. Further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment.

My child agrees to abide by all the rules and regulations stated by Franciscan University of Steubenville and the conference staff. I understand that Franciscan University of Steubenville will not be liable if my child fails to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from the conference at my expense.

X _____
SIGNATURE OF PARENT OR LEGAL GUARDIAN DATE

Medical Information
Family Physician _____ Phone # (____) _____
Allergies: _____
Current Medications: _____
Medical History: _____

Emergency Contact
In the case of an emergency, please contact:
Name _____ Home (____) _____
Address _____ Work(____) _____

This form is to be filled out by each Youth and parent/guardian. Due Date: Due at check-in on the opening day.



Youth Participant Expectation Agreement

Franciscan University of Steubenville's

2010 High School Youth Conferences



Each participant is expected to adhere to the following principles while attending the On-Campus Steubenville Youth Conferences in Steubenville, Ohio:

SHOW LOVE AND RESPECT FOR GOD:

1. Pray daily for self and others.
2. Receive the Sacraments.
3. Participate in the activities.
4. Be open, flexible, and have a servant's attitude.
5. Represent God in your words and actions.

SHOW LOVE AND RESPECT FOR SELF:

1. This is a "no smoking" weekend.
2. Responses from past conferences, from both sexes, have requested that the opposite sex dress with modesty. Bare mid-ribs, spaghetti straps, short-shorts low cut tops, or guys without shirts are not to be worn at any time during the conference. Remember that you are a temple of the Holy Spirit. Present yourself accordingly.
3. For safety reasons, shoes are to be worn at all times.
4. Drink plenty of water, obey sleeping times, and make sure you eat all meals. This will allow you to participate and not be tired.
5. Any CD's or music you bring should glorify God.
6. Come to all scheduled sessions and if you must leave an activity, adult chaperones should accompany you since they are responsible for you.

SHOW LOVE AND RESPECT FOR OTHERS:

1. Be safe. No horseplay or other potentially harmful actions. Leave pocketknives, lighters, or other hazardous materials at home.
2. All words and actions you use should build up others and not injure.
3. No teenagers are allowed to drive to or from the conference due to limited parking and liabilities.
4. The facilities must remain clean and undamaged. Otherwise, you will personally be responsible to pay for the damage.
5. Outside visitors to the conference are not allowed.
6. Make sure that your actions during the activities do not distract others from hearing, seeing, or praying.
7. Allow others to sleep. "Lights Out" means that it is time to go to sleep. You should not be in the showers or halls after "Lights Out".

I have read, understand and agree to the above principles.

SIGNATURE: _____ DATE: _____