



# Youth Registration and Liability Release Form

Franciscan University of Steubenville's 2015 High School Youth Conferences



## Youth Information (all information is required):

Participant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender: (circle one) M F  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
Group Leader's Name \_\_\_\_\_ How many youth conferences previously attended \_\_\_\_\_  
Grade entering in Fall 2015 \_\_\_\_\_ H.S. Graduation Year \_\_\_\_\_ Considering major in \_\_\_\_\_ or \_\_\_\_\_

## Parent/Guardian Information (one is required):

Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
Father's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

## Parent/Guardian Release

I (We) hereby assume all risk of personal injury, sickness, death, damage and expenses arising from the undersigned and/or participant's (under 18 or 18 and older) participation in all activities, including recreation and work activities involved in the above activity. I (We) give permission for diagnoses, treatment, and prescription of medication in accordance with standard medical practice by appropriate health care personnel. I (We) release Franciscan University of Steubenville of all responsibility and consequences that may arise as a result of any injury suffered and resulting treatment. Further, I (We) agree to accept any and all financial responsibility as a result of scheduling, acquiring and/or providing medical treatment. I (We) agree to indemnify and hold Franciscan University of Steubenville and its members, directors, employees, volunteers, and agents (collectively), harmless from and against any and all claims, demands, actions, lawsuits, damages and liabilities, including attorney's fees and expenses sustained as the result of the negligent, willful, or intentional acts of the undersigned and/or participant (under 18 or 18 and older). I (We), release, forever discharge, and agree to hold Franciscan University of Steubenville harmless from any and all liability, claims, demands, lawsuits, and expenses arising from personal injury, sickness, death, or property damage of any nature whatsoever, which may be incurred or suffered by the undersigned and/or participant (under 18 or 18 and older) while attending the above activity. By signing this form, I acknowledge that my child's Group Leader has informed me of the possible sleeping arrangements and conditions, and also of the list of recommended things my child should bring along to make his/her stay more comfortable. Furthermore, I (We) understand that Franciscan University of Steubenville will not be liable if the undersigned and/or participant (under 18 or 18 and older) fails to cooperate with the rules and that any infraction of the rules may result in immediate dismissal from the conference at my (our) expense. Through me the minor agrees to abide by all the rules and regulations stated by Franciscan University of Steubenville, the site organization, and the conference staff. I (We) grant to Franciscan University of Steubenville my consent without reservation to use, assign, convey, reproduce, copyright, or publish my/my child's name, voice, image, and/or likeness that arises from his/her participation in the Event, whether still or motion pictures, audio or video tape, for promotional, instructional, business or any other lawful purposes, at Franciscan University's sole discretion. **If the participant is now and will be under 18 years of age at the time of the conference:** I (We) the parents or legal guardians hereby agree to all of the foregoing on behalf of the participant and grant permission for , the participant, to fully participate in the above activity and all its undertakings. **In signing this Agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights as well as, if applicable, those of my child, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.**

X \_\_\_\_\_  
**SIGNATURE OF PARENT OR LEGAL GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

Medical  
Information

Family Physician \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Special Dietary Needs: \_\_\_\_\_  
Current Medications: \_\_\_\_\_  
Medical History: \_\_\_\_\_

Emergency  
Contact

In the case of an emergency, please contact:  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone # (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_

This form is to be filled out by each youth and parent/guardian.

Due Date: Due at check-in on the opening day.