

DESTINATION JESUS XVII - Feb. 17-19, 2012

HIGH SCHOOL ATTENDEE INDIVIDUAL REGISTRATION FORM

Each High School Attendee must submit this form to the group's Youth Minister so it may be forwarded to OLMC. The "Liability & Medical Release" portion must be signed by a parent/legal guardian AND by participant, as well, if 18 yrs or older. **NO** individual registration forms will be accepted unless part of a supervised Youth Group with appropriate Group Registration Form. **Please do not use any other liability or registration form.** This form may be duplicated as necessary.

NAME _____ MALE _____ FEMALE _____

AGE _____ HIGH SCHOOL GRADE _____ PARISH _____

HOME ADDRESS _____

CITY _____ ST _____ ZIP _____ EMERGENCY PHONE# _____
(not own Cell #)

PARISH YOUTH MINISTER NAME _____

LIABILITY & MEDICAL INFORMATION/RELEASE

Accident/Hospitalization Policy Name _____ Policy Number _____

Current Allergies _____

Medical Conditions _____

Current Medications _____

Permission to give over-the-counter medication? YES _____ NO _____

The undersigned hereby release, forever discharge, and agree to hold harmless Our Lady of Mt. Carmel Church & The Diocese of Lafayette-in-Indiana from and against any and all liability, claims, demands, lawsuits and expenses of any kind arising from personal injury, sickness, death, or property damage of any kind whatsoever which may be incurred or suffered by the undersigned and/or participant (if the participant is under 18, 18 or older.)

The undersigned further agree to indemnify and hold Our Lady of Mt. Carmel Church & The Diocese of Lafayette-in-Indiana and its respective members, directors, employees and agents (collectively, the "Indemnities") harmless from and against any and all claims, demands, actions, lawsuits, and liabilities, including attorney fees and expenses sustained by the Indemnities as the result of negligent, willful or intentional acts of the undersigned and/or participant (if the participant is under 18, 18 yrs old or older.)

The participant agrees not to transmit, distribute, or sell (or aid in transmitting, distributing, or selling) any description, account, picture, video, audio or other form of reproduction of this event (in whole or in part). The participant grants permission to Our Lady of Mt Carmel and the Diocese of Lafayette-in-Indiana to utilize the participants image, likeness, actions and statements in any live or recorded audio, video, or photographic display or other transmission or reproduction, in whole or in part, of the Destination Jesus Retreat event.

If the participant is under 18 years of age: I (We) the parents or legal guardian of the participant, do hereby grant permission for our child to participate fully in the Destination Jesus Retreat and all of its activities and hereby give permission for my son/daughter, in case of an emergency, to be taken to a physician or hospital by Destination Jesus personnel. I (We) hereby assume all responsibility for all medical bills. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I (we) assume all responsibility and transportation costs.

Parent or Legal Guardian Signature (**Required**) _____ Date _____

Parent or Legal Guardian Printed Name (**Required**) _____ Date _____

Participant's Signature (**Required only if 18 yrs. or older**) _____ Date _____