

Adult and Youth Liability Release Form

Steubenville Florida High School Youth Conference
June 22 -24, 2012

At the Palm Beach County Convention Center, West Palm Beach, FL
Sponsored by Catholic Servant Ministries, Inc. and Franciscan University of Steubenville

Print or type all information clearly. **This form is required for attendance at the conference and should be used along with any liability form required by local diocese.** Participants 18 and over may sign for themselves. If the participant is under 18, at least one legal guardian must sign. **Attach a copy of your insurance card.**

Participant's Full Name _____

Parish/Group _____ **M/F** _____ **Birth Date** _____

Address _____ **City** _____ **State** _____ **Zip** _____

The undersigned do hereby release, forever discharge and agree to hold Catholic Servant Ministries Inc., the above named Parish, Franciscan University of Steubenville, and the site organization(s), harmless from and against 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 the participant (If participant is under 18, or 18 and older) while attending the above activity. Furthermore, the undersigned hereby assume all risk of personal injury, sickness, death, damage and expense arising from the undersigned's and/or participant's (if participant is under 18, or 18 and older) participation in all activities, including recreation and work activities involved in the above activity. In addition, authorization and grant permission is hereby given to furnish all necessary transportation, food, and lodging for the undersigned and/or participant (if participant is under 18, or 18 and older). I(we) release Catholic Servant Ministries, Inc., the above named Parish, Franciscan University of Steubenville and the site organization(s) of all responsibility and consequences that may arise as a result of injury suffered and resulting treatment. The undersigned further hereby agree to indemnify and hold the Catholic Servant Ministries, Inc., the above named Parish, Franciscan University of Steubenville and the site organization(s) and their respective members, directors, employees, and agents (collectively, the 'Indemnities'), harmless from and against any and all claims, demands, actions, lawsuits and liabilities, including attorney's fee and expenses sustained by the Indemnities as the result of the negligent, willful, or intentional acts of the undersigned and/or participant (if participant is under 18, or 18 and older).

If participant is now and will be under 18 years of age at the time of conference: I (We) are the parent(s) or legal guardian(s) of the participant, and hereby grant permission for _____ to participate fully in the above activity and all of its undertakings, and hereby give our permission to take said participant to doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery; and, we fully and completely assume responsibility for all medical bills. Furthermore, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) assume all responsibility and transportation costs. Through me, the minor agrees to abide by all rules and regulations stated by the Catholic Servant Ministries, Inc. and Franciscan University of Steubenville, the site organization, and the conference staff.

I (we) hereby grant permission for nonprescription medication to be given (If participant is under 18, or 18 and older), such as aspirin, throat lozenges, cough drops, if deemed advisable by the emergency medical personnel supplied by Catholic Servant Ministries, Inc.

I(We) give permission for images (If participant is under 18, or 18 and older) captured during the above activity through video, photo, and digital camera, to be used solely for the purpose of Catholic Servant Ministries, Inc. and Franciscan University of Steubenville promotional material and publications, and waive any rights of compensation or ownership thereto.

This form MUST be signed by ALL participants under 18 and ALL participants 18 and older

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Participant's Signature _____ Date _____

Legal Guardian _____ Date _____

Emergency Contact _____ Relationship _____ Phone _____

Doctor's Name _____ Phone _____

Current Medications _____

Allergies or Other Medical Concerns _____

Insurance Company _____ Policy # _____

One Form MUST be completed for Each Participant (Group Leader, Adult Chaperones, Youth and Priests) attending! No Exceptions!