

Steubenville Conference, Main Campus, July 12-14, 2019

St. Michael Permission and Release Form

(Limited tickets available. First come, first served. Your deposit check will be returned to you, if there are no more tickets.)

Youth Name:	Home Phone #: Please provide numbers useful <u>during</u> this event.
Parent(s) Name:	Work Phone #: Cell Phone # Name
Address:	Work # Cell Phone # Name
City/State/Zip:	Email addresses (parent especially)
Youth's Date of Birth: / /	Youth's Gender: (circle one) male female

In consideration of the wholesome recreational and learning experience in which my son/daughter will participate, I as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to participate with the youth ministry group of St. Michael Parish at:

July 12, 8:45 AM Departure from St. Michael's, carpool St. Timothy, Walkersville to catch the bus to on-campus housing at Franciscan U in Steubenville, OH.

July 14, approx. 6:30 PM Return to St. Michael's parking lot by carpool.

Timing depends on bus arriving @ St. Timothy, Walkersville by 6 PM.

I/we acknowledge receipt of the attached information sheet describing the planned activities.

In consideration of the opportunity for my son/daughter to participate in the activity, the receipt and sufficiency of which are acknowledged, I knowingly and voluntarily on behalf of myself and my minor child do hereby agree to forever RELEASE, HOLD HARMLESS AND INDEMNIFY St. Michael Parish, St. Timothy (Walkersville) Parish, Howard County Youth Ministry, the Division of Youth and Young Adult Ministry, the Roman Catholic Bishop of Baltimore and his successors, a Corporation Sole, and all their affiliate organizations, and respective agents, employees, officers, directors, volunteers, and any officials, referees, and other participants (the Released Parties) from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury (including death) sustained in connection with or arising out of my son/daughter's participation in the activity. By my signature below, I acknowledge that my child's participation in the activity involves inherent risk of minor or serious injury, including permanent disability, death, and/or economic losses which might result from my child's actions or inactions, the negligence of others, the inherent risks of the activity, the rules of play, the condition of the premises, or of any equipment used. I have voluntarily elected to allow my child to participate, and I fully understand, appreciate, and hereby assume all such dangers and risks.

I understand that my child's participation in said activities may require a minimum level of fitness for safe participation, and that the Released Parties do not screen, medically or otherwise, individuals that participate in the activity. I acknowledge that it is my sole responsibility to make certain that my child is physically fit and healthy enough to participate in the activity.

I understand that the Released Parties do not provide medical treatment or medical, health or other insurance coverage for my child, however, I hereby grant permission for any staff member of the activity to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that I cannot be reached.

(Check one of the following)

I am covered by hospitalization and medical insurance under policy # _____

issued by _____

I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.

I hereby grant permission to any staff person to provide the following over-the-counter drugs (or their generic equivalent) to my son/daughter if requested by my son/daughter (Check all that apply)©

Tylenol / Acetaminophen Benadryl Diphenhydramine Advil / Ibuprofen Imodium / Antidiarrheal
 Neosporin / Antibiotic Ointment Pepto Bismol

Doses of such drugs will be provided in accordance with the instructions contained on the drugs' packaging.

(See reverse side.)

Add any other medical information concerning medications, allergies, illnesses, etc.: _____

Add any dietary restrictions: _____

Parents/guardians of participants are advised that photographs or digital recordings of participants may be used in publications, websites or other materials produced from time to time by the parish/school, Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child(ren) to be photographed or digitally recorded should so notify an activity staff member. Please note that the Released Parties have no control over the use of photographs or digital recording taken by media that may be covering the event in which your child(ren) participate(s).

I HAVE READ THE ABOVE RELEASE AGREEMENT, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Signature of Parent / Guardian _____ Date _____

Name (printed) of Parent / Guardian _____

Signature of Parent / Guardian _____ Date _____

Name (printed) of Parent / Guardian _____

**Information Sheet for Steubenville Conference “Belong” July 12-14, 2019
at Franciscan U in Steubenville, Ohio**

Activity:

Catholic Youth Conference for high schoolers
in Steubenville, OH

Transportation:

Carpool from St. Michael parking lot to St. Timothy in Walkersville.
Bus from Walkersville to Steubenville (approx. 5 hours on bus).
Pack lunch and snacks to share; electronics w/ headphones or other bus activity.

Return trip will be a bus to Walkersville; carpool there to St. Michael.

Lodging:

On-campus, approx. 4-5 teens per room. We are splitting the bus and dorm rooms with other parishes to save on costs. We do not return to the dorms during the day, so bring in a small backpack whatever you will need for the day until 10PM.

Cost:

\$40 deposit (made out to St. Michael's) w/ permission form
Total cost will be approx. \$300 to include dorm room, bus, t-shirt for Saturday, meals, conference fee.

Please drop off your permission form and \$40 deposit to St. Michael's to secure your spot. Space is limited.

What to pack: Nothing valuable, everything labelled. Layered and modest clothing free of profanity or any objectionable words, cash for bookstore snacks and other merchandise, quiet bus activity (with headphones), sturdy walking shoes, a re-fillable water bottle, umbrella / rain jacket, sheets, towels and toiletries for the dorm room. Detailed list coming soon! There will be another liability release form (online) from Steubenville, coming soon, too!

Questions about the event? Contact Juliana Weber jweber@smpschurch.org.

Emergency contact during the conference – Juliana (cell) 716-307-2963