Diocese of Erie—Youth CONFIDENTIAL RELEASE FORM

Testify II: A "Mostly" Silent Discipleship Retreat ● May 20-22, 2011 ● St. Thomas More House of Prayer

Please Return this form to the Youth Office.

this document will be shredded after the event

PARENT/GUARDIAN (all highlighted fields require completion)

I, _____; the undersigned, give permission for my
Please PRINT CLEARLY Name of Parent/Guardian

son/daughter _____ from _____
*Please PRINT CLEARLY **Name of Youth*** *Please PRINT CLEARLY **Name of Parish/School***

to participate in Testify II: A "Mostly" Silent Discipleship Retreat from May 20-22, 2011. It is understood that reasonable caution will be taken by the organizers to prevent injuries to all participants. In the event of injury or illness to our/my child during his/her participation in this event, and if the parents/guardians of the above mentioned persons cannot be reached, We/I hereby give our/my permission to Fr. Stephen Schreiber , Director of Youth and Young Adult Ministry for the Diocese of Erie, for the necessary medical treatment to be given to our/my child. We/I for ourselves/myself and for our/my child, our/my respective heirs, and our/my respective legal representatives, so hereby indemnify and hold harmless any representative of the Diocese of Erie and the above named supervising adult from parish/school from any and all claims, demands and causes of action of whatever kind and nature for their actions taken pursuant to this authority. I/We agree that in case of injury to our/my child, we will apply our/my hospitalization and/or accident insurance toward the payment of the expenses incurred. **I/We, hereby release and save harmless the Diocese of Erie, their agents, successors, legal representatives and any and all of its employees from any and all liability for any and all damages or personal injuries arising to my/our son/daughter as a result of his/her participation in the above mentioned Name of event, except for damages and/or personal injuries caused by or arising out of the intentional or willful misconduct of the Diocese of Erie, its agents, servants or employees.**

Code of Behavior: Participation in this event is a privilege and not a right. Each youth and adult must attend all scheduled activities. The behavior of all (youth and adults) must reflect Christian values. The sponsoring adult must stay at the entire event and is responsible for the youth of his/her parish. Each parish, through the sponsoring adult, will take full responsibility for any damage done by their group. Drugs/Alcohol are not permitted. The Diocesan Staff reserve the right to ask any participant to leave at the participant's own expense. I/We have read and agree to uphold the above "Code of Behavior".

The undersigned also agrees to authorize the staff to photograph, videotape and/or interview the named youth and agree that they may use or permit other persons to use the negatives, prints, video or interview prepared for such purposes and in such manner as may be deemed appropriate and necessary. ☐ X this box if you do not agree to have your child photographed, interviewed or videotaped.
I understand that if, for whatever reason, at any point in time, I decide to revoke this authorization, and I so notify the Diocese of Erie in writing, references to the named youth (including images or interview) will no longer be used. Any website references will be removed within thirty (30) days of written notification. I further understand, however, that references to the named youth may continue to be used in any publication already printed or published prior to my revocation of the authorization provided herein.

_____ _____
PRINT Parent or Legal Guardian NAME → **Parent or Legal Guardian SIGNATURE**

_____ _____
Guardian(s) Phone Number(s) Date

YOUTH

As a member of the Diocese of Erie, I understand and agree to the "Code of Behavior," and I will notify my parents or legal guardian at the time of any infractions requiring my dismissal from the event and that I will be sent home at my parent/guardian's expense.

_____ _____ _____
→ **Youth SIGNATURE** Age Date

Youth t-shirt size (circle one adult size): S M L XL XXL XXXL School (circle one): Catholic Public Grade:

MEDICAL INFORMATION *(please print clearly and use back if necessary)*

My child is allergic to (medication/food/other):
My child must take the following medications (indicate dosage, frequency, etc.):
Can your child receive the following? Aspirin? ☐ Yes ☐ No ● Acetaminophen? ☐ Yes ☐ No ● Ibuprofen? ☐ Yes ☐ No
You should be aware of these special medical conditions/needs of my child (dietary, asthma, walking assistance, bee sting allergies, etc):

Is your child currently under a physician or counselor's care? (Yes ____ No _____) If yes, please explain:

Family Physician:
Family Health Insurance Company:
Policy Number (Individual):
In case of emergency notify:
Emergency Contact Daytime Phone:

Youth Social Security # (hospital use only):
Youth Birth Date:
Benefit/Plan/Group #:
Emergency Contact Relationship to youth:
Emergency Contact Evening Phone: