

Adult YOUTH MINISTRY EVENT PARTICIPATION RELEASE

EVENT INFORMATION

Event Description: _____

Purpose of Event: _____

Date/Approx. Time of Departure: _____

Date/Approx. Time of Return: _____ Mode of Transport: _____

Overnight Accommodations (If applicable): _____

Additional Information: _____

(Please detach and return portion below to the parish youth ministry director):

PARTICIPANT RELEASE*:

Participant Name: _____

Address: _____

Telephone: _____ Email: _____

If you would like to participate in this event, please fill in the blanks, date, and sign:

Name of Participant: _____ Parish: _____

RELEASE OF LIABILITY FOR THE DIOCESE OF FORT WAYNE-SOUTH BEND I hereby acknowledge recognition that participation in the event may expose myself to risks and hazards. Further, on behalf of myself, I hereby release and agree to hold harmless the above named parish and the Diocese of Fort Wayne-South Bend, Inc. to the fullest extent permitted by law from any and all claims, judgements and liability of every kind for any injury and damage of any kind, whether personal or property, that I or any one of us may suffer or incur due to my participation in the event, regardless of whether the injury or damage is attributable to the fault of parties other than the Parish or Diocese or attributable to the fault, including negligence, of the Parish or Diocese.

I agree to follow the rules of conduct as directed by the parish youth ministry program and Diocese.

Date

Signature

Printed Name

*A new Event Participation form must be completed for **each** Event. Information provided in the Annual Emergency Medical Care Form will apply to each Event in which you participate during the Youth Ministry Program year. Participants are responsible for updating the information on that form should changes occur during the Youth Ministry Program year.