

Steubenville East Conference, July 14-16
Required Diocesan Form for Participants Under 18 Years of Age

Authorization for Medical Treatment

In the event of a medical and/or emergency situation during my absence, I hereby authorize necessary treatment, administration of anesthesia and/or surgical treatment(s) for my minor child/ward when deemed necessary by any physician, hospital medical staff or other appropriate medical personnel. I furthermore agree to release, indemnify and hold harmless the Roman Catholic Diocese of Burlington, the parish trust/school named on the registration form, their officers, directors, employees, staff members, volunteers and agents, from and against any and all claims for damages related to administration of emergency medical care as authorized in this statement.

Acknowledgement of No Insurance Coverage - Benefits

I hereby acknowledge that neither the Roman Catholic Diocese of Burlington nor the parish trust/school named on the registration form, are providing insurance coverage of any kind for any of the participants, including, but not limited to, life, health, accident, disability, liability, or any other kind of insurance whatsoever. I agree to undertake responsibility for any and all losses, damages, liabilities or expenses associated with, or arising from, the Steubenville East Conference, July 14-16. I understand that it is my sole responsibility to acquire insurance to provide the appropriate coverage(s) for the risks associated with participation in these events.

Liability Release – Youth Participants

I hereby release and agree to hold harmless the Roman Catholic Diocese of Burlington and the parish trust/school named on the registration form, their officers, directors, employees, staff members, volunteers, and agents from any and all liability, claims and/or damages for personal injury, property loss or other damage which may result to my child/ward. I further state that my child/ward is physically fit and able to participate in the Steubenville East Conference.

I further state that my child/ward, in the case of an emergency, may ride in any vehicle used for the purpose of this event. I release, hold harmless and agree to indemnify the Roman Catholic Diocese of Burlington, the parish trust/school named on the registration form, their officers, directors, employees, staff members, volunteers, and agents for personal injury, property loss or damage, whether foreseen or unforeseen, to my child/ward while traveling in authorized vehicles.

Media Release – Youth Participants

I hereby authorize the Roman Catholic Diocese of Burlington or the parish trust/school named on the registration form to use the name, voice and likeness of my child/ward in any manner, form or way relating to communication production in any media, and I hereby release these entities from any and all claims associated therewith in connection with the 2016 Steubenville East Conference.

<hr/>	<hr/>	<hr/>
Child's Full Name	Date of Birth	Gender
<hr/>		
Address Street, City and Zip		
<hr/>		
Phone	Parish	
<hr/>	<hr/>	
Email		
<hr/>	<hr/>	
Emergency contact	Cell	
<hr/>	<hr/>	
Health Insurance Provider	Policy Number	
<hr/>	<hr/>	
List any medical conditions		
<hr/>	<hr/>	
Physician (if applicable)	Parent signature	

Please complete this form and return to the Office of Youth and Young Adult Ministry, 55 Joy Drive, Burlington, Vermont 05403.

Youth Covenant for Steubenville East

We are delighted that you will be joining us for the Steubenville East Conference in Lowell, MA this coming summer. It will be a fantastic and life-changing experience. This Youth Covenant is an essential part of ensuring a positive and edifying experience for all our attendees. Please read this carefully and then sign below. Thank you again for joining us on this adventure!

I _____ agree to the following in order to participate in the Steubenville East Conference.
Student's Name (Print)

I will...

- ...arrive on time and come with an open mind and heart.
- ...be respectful of all staff, adult leaders and my peers.
- ...be respectful of the property and pick up after myself.
- ...follow directions and willingly participate in discussions and activities.
- ...not to bring any drugs, illegal substances, weapons, cigarettes or pornographic materials to anything related to this event
- ...not threaten anyone, act violently or inappropriately or use profane language.
- ...participate in the entire Steubenville Conference.
- ...act in a Christian manner at all times, respecting the opinions of others, living in virtue and integrity.
- ...have a great and joyful time and meet new friends! 😊

Youth Signature





**STEUBENVILLE EAST 2017
LIABILITY RELEASE FORM**
(for youth and chaperones)

GROUP LEADER: _____

GROUP NAME: _____

PARTICIPANT'S INFORMATION: (please print)

LAST NAME: _____
 FIRST NAME: _____
 ADDRESS: _____
 CITY: _____
 STATE: _____ ZIP CODE: _____
 PHONE #: _____
 EMAIL: _____
 BIRTH DATE: _____
 GENDER: MALE FEMALE
 GRADE ENTERING: 9 10 11 12 JUST GRAD.

PARENT/GUARDIAN INFORMATION: (if youth)

NAME(S): _____
 HOME PHONE: _____
 CELL PHONE: _____
 EMAIL: _____

EMERGENCY CONTACT: (youth and chaperones)

NAME: _____
 PHONE #: _____
 RELATIONSHIP TO PARTICIPANT: _____

HEALTH INFORMATION: (youth and chaperones)

DOCTOR: _____
 DOCTOR PHONE #: _____
 INSURANCE CO.: _____
 INSURANCE ID #: _____
 INSURANCE GROUP #: _____
 CARDHOLDER'S NAME: _____
 PARTICIPANT'S ALLERGIES (including meds and food): _____

 PARTICIPANT'S CHRONIC MEDICAL PROBLEMS (e.g. diabetes): _____

 CURRENT MEDICATION & DOSAGE (prescription & over the counter): _____

WAIVER:

I, _____, am either an emancipated adult or the parent or guardian of a minor child who will be participating in the Life Teen Steubenville East event. I am fully aware that my own/my child's participation in Steubenville East is totally voluntary. In consideration of Life Teen's agreement to permit me/my child to participate in Steubenville East, the receipt and sufficiency in which consideration is hereby acknowledged, I agree as follows:

I, individually, and on behalf of my minor child, if applicable, and our respective heirs, successors, assigns and personal representatives, hereby:

1. Release, acquit and forever discharge Life Teen, Steubenville East, Franciscan University of Steubenville, and the site organization(s) and their employees, agents, servants, officers, trustees and representatives, in their official and individual capacities, from any and all liability whatsoever for any and all damages, losses or injuries to persons or property or both which arise out of, during or in connection with my/my child's participation in Steubenville East which may be sustained or suffered by me/my child or any person in connection with my/my child's association with, or participation in, activities at, sponsored by, or arising out of my/his/her travel to or from Steubenville East;
2. Agree to indemnify, defend and hold harmless Life Teen, Steubenville East, Franciscan University of Steubenville, and the site organization(s) and their employees, agents, servants, officers, trustees and representatives, in their official and individual capacities, from any and all liability, loss or damage they incur or sustain as a result of any claims, demands, actions, causes of action judgments, costs or expenses, including attorneys fees, which result from arise out of relate to my/my child's participation in Steubenville East including my/his/her travel to or from Steubenville East.

I hereby acknowledge and accept that:

1. There are certain risks arising from various activities, including but not limited to bodily injury, that could result from my/my child's participation in Steubenville East. I have knowingly and voluntarily decided to assume the risks of these inherent dangers in consideration of Life Teen's permission to allow me/my minor child to participate in Steubenville East;
2. My and, if applicable, my child's personal property is at my risk entirely;
3. Life Teen reserves the right to decline to accept or retain me/my child in Steubenville East at any time should my/his/her actions or general behavior impede the operation of Steubenville East or the rights or welfare of any person. I understand that I/my child may be required to leave Steubenville East in the sole discretion of Life Teen's agents and representatives. In such an event, no refund will be made for any unused portion of Steubenville East. I understand that Life Teen, in its sole discretion, reserves the right to cancel Steubenville East or any aspect thereof prior to commencement.

I represent and warrant that I am/my child is covered throughout Steubenville East by a policy of comprehensive health and accident insurance which provides coverage for injuries which I/he/she may sustain as part of my/his/her participation in Steubenville East. I agree to complete the HEALTH INFORMATION above to the best of my ability and, by its completion, I hereby release and discharge Life Teen, Steubenville East, Franciscan University of Steubenville, and the site organization(s) of all responsibility and liability for any injuries, illnesses, medical bills, charges or similar expense/he/she may incur while participating in Steubenville East. By completing the form, I hereby authorize Life Teen to obtain any necessary medical treatment to myself/ my child, consent to any necessary examination, treatment, or care under the supervision and/or advice of any properly licensed medical professional and explicitly authorize Life Teen to release medical information about me/my child to any person or entity to whom Life Teen refers me/my child for medical treatment.

I agree that this Agreement is to be construed pursuant to the laws of the State of Arizona and is intended to be as broad and inclusive as permitted by law, and if any portion hereof is held invalid, it is agreed that the balance hereof shall continue in full legal force and effect. In addition, I agree that any legal action arising out of or in relation to this Agreement must be brought in a Maricopa County, Arizona court.

I hereby grant to Life Teen, Steubenville East, Franciscan University of Steubenville, and the site organization(s) my consent without reservation to use, assign, convey, reproduce, copyright, publish or sell my/my child's name, voice, image, and/or likeness that arises from his/her participation in Steubenville East, whether still or motion pictures, audio or video tape, for promotional, instructional, business or any other lawful purposes, at Life Teen's sole discretion.

In signing this Agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights as well as, if applicable, those of my child, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

Signature: _____
(must be signed by parent/guardian if participant is a minor)

Print Name: _____

Dated: _____