Adult YOUTH MINISTRY EVENT PARTICIPATION RELEASE

EVENT INFORMATION

Event Description: Steubenville Conference

Date/Ap <i>Francis</i> Date/Ap Individu	can university of Steub prox. Time of return: S al(s) in charge: Cathern	rmation re:Friday June 17th 8:00am re:Friday June 17th 8:00am renville 1235 University Blvd, Steubenville, OH 43952 renday June 19th 5:00pm rine Carroll and Ann Sliger 206-8371 (260)602-8661
******	********	******************
(Please de	tach and return portion belo	ow to the parish youth ministry director):
		nt Name: Email:
		n this event, please fill in the blanks, date, and sign: Parish:
recognitio myself, I h Wayne-So liability of one of us r damage is	n that participation in the e ereby release and agree to h uth Bend, Inc. to the fullest every kind for any injury ar nay suffer or incur due to m attributable to the fault of p	PIOCESE OF FORT WAYNE-SOUTH BEND I hereby acknowledge vent may expose myself to risks and hazards. Further, on behalf of hold harmless the above named parish and the Diocese of Fort extent permitted by law from any and all claims, judgements and had damage of any kind, whether personal or property, that I or any may participation in the event, regardless of whether the injury or parties other than the Diocese or attributable to the fault, including tent chaperones, group leaders and/or event organizers.
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. 02/2018