

**YOUTH MINISTRY EVENT PARTICIPATION PERMISSION AND RELEASE  
EVENT INFORMATION**

Class/Grade Level: *High School*

Event Description: *Steubenville Conference*

Purpose of Event: *Spiritual Formation*

Date/Approx. Time of Departure: *Friday June 17th 8:00am*

*Franciscan university of Steubenville 1235 University Blvd, Steubenville, OH 43952*

Date/Approx. Time of return: *Sunday June 19th 5:00pm*

Individual(s) in charge: *Catherine Carroll and Ann Sliger*

Emergency Contact info: *(260)206-8371 (260)602-8661*

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(Please detach and return portion below to the parish, also make sure your annual medical forms are turned in from [www.stcharlesfortwayne.org/welcome-packet](http://www.stcharlesfortwayne.org/welcome-packet)):

**PARENT/GUARDIAN PERMISSION AND RELEASE\*:**

Parent/Guardian Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Participant Age: \_\_\_\_\_ Participant Grade: \_\_\_\_\_

If you would like your child to participate in this event, please date, and sign:

I allow my child to participate in the parish event trip to St. Felix Catholic center on March 25 In consideration of the aforementioned participant, my child, being allowed to participate in this event, I, on behalf of myself, my child and my child's other parent/guardian, hereby acknowledge recognition that such an activity may expose my child to risks and hazards not ordinarily encountered in the parish youth ministry program. Further, on behalf of myself, my child, and my child's other parent/guardian, 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, judgments and liability of every kind for any injury and damage of any kind, whether personal or property, that we or any one of us may suffer or incur due to my child's 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 have instructed my child to follow the rules of conduct as directed by the parish youth ministry program and Diocese.

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Date                      Parent/Guardian Signature                      Parent/Guardian 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 your child is allowed to participate during the Youth Ministry Program year. Parents/guardians are responsible for updating the information on that form should changes occur during the Youth Ministry Program year. 01/2022