

Diocese of Orange
Minor Permission & Release Form
Holy Spirit Youth Ministry

Event/Program: OC Steubenville

*Location: Bren Event Center, University of California Irvine
100 MESA RD IRVINE, CA 92697*

Date: Friday July 6th @ 11am through July 8th @ 2pm

Cost- \$200 PICK UP AND DROP OFF AT Holy Spirit Catholic Church

Emergency Contact Chris Ord 714 330 4063

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(Please Print)

Participants Name: _____ Date of Birth: _____

ADDRESS: _____

Parent's name: _____ Home No: _____ CELL NO: _____

If you can not be reached call: _____ Phone No: _____

Family Physician: _____ Phone: _____

Insurance Company: _____ Policy No: _____

Allergies/Medical Problems/ Disabilities: _____

I, the Parents (guardian) of _____ hereby give my permission for her/ his participation in the above named activity. I agree to direct my child to cooperate and conform with directions and instructions of parish, school or diocesan personnel responsible for this Activity.

As a condition of my child being allowed to do so, I hereby release and discharge the Diocese of Orange, it's constituent organizations including but not limited to The Roman Catholic Bishop of Orange, a Corporation Sole, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that (s)he may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damages are caused by the negligence, active or passive, of any of the entities, individuals named or described above.

I agree that in the event my child being injured as a result of his, her participation in the above named activity, including transportation to and from this activity, whether or not caused by the negligence, active or passive of the parish, school, or diocesan youth activities program or any of its agents of employees, recourse for the payment of any resulting hospital, medical or dental insurance, or any available benefit plans of mine or my spouse. I am aware of any medical condition of my child which would render it appropriate for him, her to participate in any activity.

I, hereby authorize the making of photographs, motion pictures, video tapes, recording, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I hereby waive any rights to compensation or any right that I otherwise might have to limit if to control such making or use.

I, hereby give permission to the physician, nurse, dentist, or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed care staff.

Parent's/ Guardian's Signature: _____ Date: _____



**RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK
& AGREEMENT TO PAY CLAIMS**

Activity: Stubenville SoCal-Orange (All for God)

Activity Date(s) and Time(s): Friday, July 6-Sunday, July 8, 2018

Activity Location(s): Cal State Fullerton Housing and Residential Engagement

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California; the Trustees of The California State University; California State University, Fullerton and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: _____

Participant Name (print): _____

Date: _____

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Minor Participant's Parent/Guardian

Name of Minor Participant's Parent/Guardian (print)

Date

Minor Participant's Name

MEDICAL/LIABILITY RELEASE FORM: TEEN PARTICIPANT**Event Steubenville Orange County 2018 Conference**

Group Leader _____ Group (Church/School) Name _____

Participant's First Name _____ Last Name: _____ M/F _____

Home Address _____ City _____ State _____ Zip _____

Date of Birth _____ Grade in Fall 2018 _____ Year of Graduation _____ Future College Major _____

Teen's Email _____

Female Parent/Guardian: First Name: _____ Last Name: _____

Female Parent Cell Phone (_____) _____ Home Phone (_____) _____

Male Parent/Guardian: First Name: _____ Last Name: _____

Male Parent Cell Phone (_____) _____ Home Phone (_____) _____

Parent/Guardian's Email _____

PARTICIPATION and RELEASE/ WAIVER OF LIABILITY and INDEMNITY AGREEMENT

- I give permission to the above named Participant ("my child") to attend Steubenville Orange County at the California State University Fullerton and Hope International University. I understand housing is in the dorms at California State University Fullerton and/or at Hope International University.
- My child and I have read and understood the expectations and guidelines as detailed on form SSC-5 for this event and will cooperate with these rules and any other rules published and distributed to us in advance of the Conference. I understand that failure to comply may result in immediate dismissal of my child, with transportation home at my expense.

As parent or legal guardian, I am aware that the child for whom I am responsible, the "Participant" named above ("my child"), may, in the course of attending this Conference utilize athletic facilities at California State University Fullerton ("CSF") and/or Hope International University ("HIU"), and participate in athletic activities made available to Conference participants (including but not limited to swimming, diving or wall climbing). I recognize that my child is voluntarily engaging in such activity, and is in no way required to do so in order to attend the Conference.

In consideration for allowing my child to participate in this Conference, and to partake in such athletic activities, and to use such facilities or equipment, I, on behalf of myself, my assignees, my child, and our heirs, executor/administrator or legal representatives, hereby agree to release All For God, Toton Pro Deo, Franciscan University of Steubenville ("FUS"), HIU, CSF, State of California, Trustees of the California State University, Associated Students CSUF Incorporated ("ASCSUF"), and each of their respective officers, directors, employees, agents, regents, trustees, volunteers and representatives (together "The Released Parties") from any and all claims, loss, liabilities, actions, damages, costs or demands that we now or hereafter may have for any injury, loss or damage of any sort resulting in any fashion from my child's attendance at or participation in this Conference.

I further hereby assume full responsibility for and risk of bodily or other injury, death or property damage due to the negligence or conduct of the Released Parties or others while my child is attending the Conference and/or while he/she is using the Conference premises or any facilities or equipment during the Conference, or undertaking any of the activities discussed above.

The undersigned further expressly agrees that the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I also agree to indemnify and save and hold harmless the Released Parties and each of them from any and all claims, loss, liability, damage, cost or demands they may incur due to the presence of my child at the Conference or his/her participation at any athletic activities in conjunction with it, whether caused by the negligence of the Released Parties or otherwise. I agree to remain responsible and liable for my child's actions and conduct at this Conference.

If my child has a medical or other emergency I authorize the Toton Pro Deo – All for God team to contact a priest from our parish for assistance. I understand and grant permission, unless noted below, that as a result of attending this Conference, from time to time FUS and/or Toton Pro Deo may contact the participant through email. (optional: please do not contact my child _____) I hereby grant permission to Toton Pro Deo and FUS the right to use, reproduce, and/or distribute photographs, films, videotapes, and sound recordings of my child, without compensation or approval rights, for use in materials created for purposes of promoting the activities of FUS and/or Toton Pro Deo.

Parent/Guardian Signature: _____ Date: _____

MEDICAL HISTORY

PLEASE HAVE YOUR INSURANCE CARD WITH YOU AT ALL TIMES

Allergies: _____

Current Medications: _____

Medical History: _____

FIRST AID and EMERGENCY MEDICAL TREATMENT

- I understand that Totus Pro Deo will usually have a first aid area staffed by volunteer personnel during weekend Conference event times in the Jenny Craig Pavilion. I authorize that staff to provide first-aid or medical care as deemed necessary or appropriate.
- I hereby give permission to the representatives of Totus Pro Deo, All For God, HIU, CSF, FUS, ASCSUF their officers, directors, agents, employees, volunteers and representatives associated with this event and the event staff to transport my child to a hospital to receive emergency medical or surgical treatment.
- I relieve Totus Pro Deo, All For God, CSF, HIU, FUS, ASCSUF, State of California, Trustees of the California State University, The Released Parties, and each of their respective officers, directors, employees, agents, regents, trustees, volunteers and representatives associated with this event and the event staff of all responsibility and consequences that may arise as a result of any such first-aid or medical treatment. I will not hold any of the above named parties liable in the event of injury. Further, I agree to accept any and all financial responsibility as a result of medical treatment.

AUTHORIZATION FOR NON PRESCRIPTION MEDICATION

I hereby grant permission for Conference staff and/or volunteers to give nonprescription medication (such as aspirin, throat lozenges, cough drops, etc) to my child, if deemed advisable.

Parent/Guardian Signature: _____ Date: _____

Option to Opt-Out By checking this box I state that I do not want my child to be given non-prescription medication by the Conference staff and/or volunteers.